

Body Beautiful

An Aesthetic Medicine Center

Northeastern Ohio Medical Specialists, Inc.
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BOTULINUM Toxin (BOTOX[®]) Consent

Patient Name: _____ Date: _____

To the patient: You have the right to be informed about your skin condition and treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for the treatment program.

I have requested the Dr. Moorhead attempt to improve my facial expression lines with BOTOX[®], which is the trademark for botulinum toxin. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasm of the facial muscles. This toxin has also been useful to correct double vision secondary the muscle imbalance. Injection of minute amounts weakens the muscle and prevents crow's feet and expression lines. BOTOX[®] has been FDA approved for cosmetic use, and although the results are usually dramatic, the practice of medicine is not an exact science. No guarantees can be or have been made concerning expected results. _____ (please initial)

The solution is injected through a small needle into the muscle; you see the benefits develop over the next five to seven days. Less frowning will be possible. _____ (please initial)

Side effects and complications have been minimal. Occasionally, slight swelling, and/or bruising may last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after an injection. This may cause the temporary drooping of an eyelid. I have been advised of the risks involved in such treatment, and alternative treatments, including no treatment at all. _____ (please initial)

Please do not rub the sites of injection immediately after the treatment, and please remain upright for four hours after the treatment.

I understand that results are temporary and several sessions may be needed for optimal results. A BOTOX[®] touch-up may be administered 2-4 weeks after the initial injections for a lesser charge. _____ (please initial)

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this BOTOX[®] injection procedure today and for all subsequent treatments.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____