



# Orange County Migraine & Wellness Center

## CONSENT FOR BOTOX INJECTION THERAPY

I understand that Botox (Botulinum A Toxin) injection is an FDA approved injection used to prevent the occurrence of migraine headaches. Dr. Molly Rossknecht has explained to me some side-effects and discomforts associated with the treatment that I may experience; these may include the following and some of these effects may last as long 3-4 months: drooping of the upper lid, swelling of the eyelid, dryness of the eye, irritation/tearing of the eye, difficulty in closing the upper lid, corneal exposure and/or ulceration, sensitivity to light, double vision, soreness, bleeding, and/or bruising at the injection site, skin rash, and loss of facial wrinkling (this is a likely effect in subjects receiving facial Botox injections). Dr. Molly Rossknecht has discussed with me the alternative therapies including medications taken orally. I understand that Botox is not approved for use in pregnancy or in children under age 18 years.

I understand that I am to avoid anticoagulants (aspirin; ibuprofen; naproxen; warfarin) 24 hours prior to the procedure. I also understand that the medication may reduce the frequency or severity of my migraine headaches; however, that cannot be guaranteed.

I understand that the cost of the medication is \$1300 for a 200 unit vial of Botox. The procedure cost (including supplies) is \$600 total. I will be required to pay the procedure fee of \$600.00 at the time of service. I will also be required to pay the medication fee of \$1300.00 at time of service or have the medication paid for and shipped through my insurance prescription plan.

My signature below attests that I have read both the consent form and understand the Botox financial policy and have had them explained to my satisfaction, and that all my questions have been answered satisfactorily. A photocopy of this authorization is accepted with the same authority as the original.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**PLEASE COMPLETE SIDE 2**

**Botox A Toxin-Discharge Instructions**

1. Continue to avoid anticoagulants (aspirin, ibuprofen, naproxen, warfarin) for 2 days
2. Avoid all activity on the day of treatment
3. Do not rub injection sites or bend over for 4 hours to avoid spreading of medication.
4. Do not lie down for at least 4 hours after the procedure.
5. May continue regular activity the next day.
6. 24 hour contact number (949) 861-8717 for any questions or problems.

My signature below attests that I have read the discharge instructions and have had it explained to my satisfaction, and that my questions also have been answered satisfactorily.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date