Patient Informed Consent for Botox Cosme	etic® Treatment	Patient Name / Label
Allergan [™] Botox Cosmetic® is generally a safe, indications of the upper face. Results may take u should ideally be no more frequent than 12 weethis time (6U/kg). Greater frequency of Botos injections less effective. As the patient, I have reference to the same of the	up to 14 days and eks with a maxim x® could potentia	last ~3 months. <i>Injection intervals ideally</i> um cumulative dose of 360 units during ally result in antibodies, making future
I am over the age of 18.		
I have not had any botox® within the past 12 v	weeks (please disc	cuss with the doctor if you have).
I am not pregnant and there is no chance that I could be pregnant at this time. I am not breast-feeding.		
I am not aware of any personal medical history of hypersensitivity or allergic reactions to botox®.		
I do not have any active skin infections and ge	nerally feel well.	
I do not take blood thinners (e.g., warfarin, Ap or antiplatelet drugs (e.g., Plavix/Clopidogrel, regular "baby aspirin" (ASA 81mg) or regular a Celebrex, Motrin, Aleve, etc).	, Brilinta/Ticagrelo	or). Please notify the doctor if you take
I do not have a known bleeding disorder. I d Gravis, Cerebral Palsy, ALS, previous Polio infe		
I am aware this product contains human ser important to know if you are a Jehovah's Witn		ch is a derivative of human blood (also
I am aware of the more common, temporary,	side effects of bo	tox® injection(s), including:
 Inflammation and/or bruising and/or log Swelling/edema, bleeding, tenderness, Cosmetic asymmetry, not fully-improve 	paresthesias ("pi	ns and needles")
I am aware of rare, but potentially serious side	e effects of botox	treatment, not limited to:
swallowing or speech disorders, gene	tulinum toxin res eralized weaknes hypersensitive re	sulting in secondary problems such as s, respiratory failure or complications, actions (e.g., anaphylaxis), deleterious and other skin reaction(s).
The cost of botox® is \$8.00 per unit. GST (5%) is in accommodate are no consultation fees. We are able to accommodational 2.65% to use their service.		
I am aware that the practice of medicine and surger have been given to me concerning the results of a available by a different clinic/physician, including: n etc. I also give my consent for photographs to be documentation.	any botox® procedo o treatment, filler i	ure. Alternative treatment options are also njections, chemical peels, laser resurfacing,
Patient Signature	 I	 Date