Consent Form

I have requested that a rained medical provider, treat my facial lines with Botox Cosmetic. Botox, a neurotoxin produced by bacterium clostridium A, can relax muscles to areas of the face and neck which cause wrinkles associates with facial expressions. Botox Cosmetic is FDA approved to improve that appearance of vertical line between the brow’s and “crows feet.” In addition, other area most frequently are forehead lines, micro amounts of lower face and platysmas bands to the neck.

Botox is diluted to a very controlled solution and when injected into the muscles with a tiny needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. You see benefits develop over three (3) to fourteen (14) days. The results last 3-5 months. With repeated treatments the results may last longer, with continued improvement of fine line and wrinkles at treated area.

The most common side effects include: headache, respiratory infection, flu-line symptoms, temporary droop of eyelids, in addition, post treatment discomfort, swelling, redness and/or bruising may occur. Botox cosmetics should not be used if there is an infection at the injection site.

I understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherit (specific) risks of the procedure(s) I seek, as well as those additional risks and complications, benefits and alternatives. Understanding all of this, I elect to proceed. I have been advised of the risks involved and the expected benefits. I understand the results are temporary and follow up treatment may be necessary for optimal results.

I am aware that I am not pregnant of lactating.

I authorize clinical photography only.

Client Signature Date

Provider Signature Date