



RX Refresh Face and Body

Botox onabotulinumtoxin A Consent Form

I, _____ understand that I will be injected with Botox, a neuromuscular blocking agent, that has been FDA approved for the use of cosmetic treatment of glabellar, forehead, lines around the eyes and under arms for excessive sweating. Botox temporarily improves the appearance of fine lines and wrinkles in the treated areas. Re-injection is necessary within 3 to 4 months. It is been explained to me that other temporary or more permanent treatments are available.

The possible side effects of Botox include but are not limited to:

1. Risks: I understand there is a risk of swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, allergic reaction and product migration.
2. The risk of infection is always present when there is a break in the skin.
3. After injection, there will be a lightly swollen pink bump at the injections sites for approximately 20 minutes and may persist for a few hours.
4. Although Botox is approved for the treatment of chronic headaches and migraines, a small percentage of patients may experience a headache following treatment for the first day to several days.
5. Local numbness, rash, pain at the injection site, flu like symptoms with a mild fever and back pain have been noted.
6. Respiratory problems such as difficulty swallowing and breathing are very rare but must be mentioned and if experienced, medical intervention is mandatory.
7. Bruising is possible with any injection and can last for hours, days, weeks or months. You are encouraged to call our office if any bruising occurs.
8. While local weakness of the injected muscles is representative of the expected pharmacological action, weakness of the adjacent muscles may occur as a result of the spread of the toxin.
9. Injections around the eyes may lead to a blinking disorder. This side effect may last for days to weeks but is rare. If this is an occurrence, you must call our office to be advised of ways to protect your eyes and prevent corneal exposure.
10. I understand that more than one injection may be necessary to achieve satisfactory results. The longer period in between treatments, the less effective the medication may be. FDA assigns proper dosing but patient evaluation dictates practitioner dose adjustments.
11. I have been verbally counseled in post procedure aftercare directions and will follow my practitioners advice for maximum efficacy.
12. I am not pregnant and/ or breast-feeding at this time nor have any neuromuscular diseases that will be contraindicated for Botox use.
13. Off label use: There may be other areas of use for Botox that are not approved by the FDA but acceptable practice. I will be made aware of off label and approve the use of Botox in other areas as discussed by my provider.

Alternatives: Because not all facial wrinkles, creases and folds are caused by muscle activity alone, other alternative measures for the treatment of these incidences such as topical treatments chemical, laser and surgical intervention are available. Without treatment, the existing lines will remain.

I have read the above information and understand it. My questions have been answered satisfactorily by the provider. I accept the risks and complications of this procedure.

Patient Signature:

Date:

Patient Name:

Provider/ Witness: