

Informed Consent for BOTOX® Cosmetic (botulinum toxin A, by Allergan)

For the Temporary Treatment of Superficial Facial Wrinkles

- _____ I am not allergic to eggs or albumin.
- _____ I understand that BOTOX® Cosmetic is the botulinum toxin and works by paralyzing muscles injected with this toxin.
- _____ I understand that this procedure may be at least slightly uncomfortable.
- _____ I understand that the effects of the BOTOX® Cosmetic are temporary, and may last from three to six months, usually between three and four months.
- _____ I understand that surgery and or other treatments may be as effective or more effective in improving the appearance of my wrinkles.
- _____ The nature of treatment with BOTOX® Cosmetic has been explained to my satisfaction.
- _____ No guarantees have been made to me regarding the actual treatment results.
- _____ I am fully aware of the complications from the use of BOTOX® Cosmetic, including the following:
- Redness, swelling, itching, pain or pressure sensation lasting more than 1 week
 - Nodularity or induration (skin thickening) at the injection site
 - Discoloration or bruising at the injection site (bruising may be reduced by avoiding medications that inhibit clotting, such as vitamin E, aspirin, aspirin-containing products and non-steroidal anti-inflammatory drugs for a period of 10 to 14 days before treatment)
 - Poor response to treatment (generally 80 to 90% of patients note improvement starting about 3 to 7 days after treatment)
 - Allergic reactions (Rare. Those allergic to eggs will be at greater risk for an allergic reaction.)
 - Facial asymmetry (The muscles of facial expression do not act in isolation but have complex anatomic interactions. Thus treatment of one muscle may lead to a relative increased action of another complimentary muscle.)
 - Temporary paralysis leading to droopy eyelid and double vision
 - Weakness and/ or flu-like symptoms (headache, nausea or respiratory symptoms)
 - Development of antibodies to BOTOX® Cosmetic
- _____ I understand that the effects of treatment may not be apparent for up to seven days.
- _____ I understand the effects of treatment usually last around three to four months, and that periodic treatment will be necessary in order to maintain the effects of BOTOX® Cosmetic.
- _____ I understand that repeated treatments may lead to permanent loss of muscle tone (muscle atrophy) in the treated area.
- _____ I certify that I have none of the known conditions that would make treatment contraindicated, including: hypertrophied scarring, history of autoimmune disease, prior or current immune therapy with drugs that depress the immune system, or any neuromuscular disorder, such as myasthenia gravis, multiple sclerosis and Eaton-Lambert syndrome.
- _____ I certify that I am not pregnant, trying to get pregnant or currently breast feeding.
- _____ I understand that scratching or rubbing of the treated areas is not advisable following treatment.
- _____ I certify that I am a competent adult of at least 18 years of age, and that this consent is given freely, and that it is binding on me and any legal representatives.

Dr. Giarratana may show my photos to others for educational purposes.

NO YES

**The amount of BOTOX® Cosmetic injected and the number of injection sites used varies based on the goals of treatment, the region or regions to be treated, the muscle mass of the patient (typically greater in men), the ethnicity of the patient and skin thickness, which varies from site to site on the face. Because the price of treatment with BOTOX® Cosmetic is based on the total number of units injected, the cost will vary. Any questions regarding cost should be addressed to Dr. Giarratana prior to beginning treatment.*