



**CONSENT FOR TREATMENT WITH  
BOTOX® Cosmetic Botulinum Toxin Type A**

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTOX® Cosmetic treatment. This disclosure is not meant to alarm you: it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that Dr. Jacobs attempt to improve my facial lines and enhance facial shaping with BOTOX® Cosmetic. This is the Allergan, Inc. trademark for Botulinum Toxin Type A. These injections have been used for nearly two decades to improve spasm of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX® Cosmetic is approved by the FDA to improve the appearance of the vertical lines between the brows. Injections in other areas to improve the appearance of facial lines and for facial shaping have been well documented in the literature, although are considered "off label" uses. The results of BOTOX® Cosmetic are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

*Patient's Initials* \_\_\_\_\_

The BOTOX® Cosmetic solution is injected with a tiny needle into the skin and muscle. You should see the benefits develop over the next two to seven days, although complete evaluation of the outcome from treatment. A decreased appearance of frowning or creasing or other lines and/or a change in specific facial grimacing will be the result of this treatment.

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid droop and nausea. BOTOX® Cosmetic should not be used if there is an infection at the injection site. Additionally, slight temporary bruising may occur at the injection site. I have been advised of the risks involved in such treatment, the expected benefits of such treatment and alternative treatments, including no treatment at all.

I understand that the results are temporary and repeat treatments are needed to maintain the desired results.

*Patient's Initials* \_\_\_\_\_

I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions.

I have read and understand **PRE and POST care** for my treatment with BOTOX® Cosmetic.

I consent to this BOTOX® Cosmetic treatment today and for all subsequent treatments.

**Patient's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_