

Consent to Botulinum Toxin Treatment

1. I am aware that when small amounts of purified botulinum toxin ("Botox Cosmetics" are injected into a muscle, the muscle is weakened. This effect appears in 12-14 days and usually lasts approximately 3-4 months
2. I understand that this treatment will reduce or eliminate my ability to "frown" and/or produce "crows feet" or forehead "worry lines" while the injection is effective, but that this will reverse itself after a period of months at which time re-treatment is appropriate.
3. I understand that I must stay in the erect position and may not manipulate the area of injection or participate in strenuous activity for 4 hours after treatment. I also understand that I must exercise the treated muscles for 2 hours after treatment
4. I agree to return for a follow up visit 10-14 days from my treatment
5. I have been made aware of the alternative methods of treatment
6. I am aware the Botox Cosmetic treatment of forehead lines can cause a minor temporary droop of one eyelid in approximately 2% of injections. This usually lasts 2-3 weeks. Occasional temporary numbness of the forehead, flu-like symptoms, minor bruising, swelling or temporary headaches may occur.
7. I am aware that individual patients respond differently to Botox Cosmetic and that exact results cannot be guaranteed. Depending on musculature, some patients will require more units, while others will require few units to achieve the same results.
8. To my knowledge, I am not pregnant and do not have any significant neuralgic muscular disease.
9. I have had the opportunity to ask questions, and they have been answered to my satisfaction
10. I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications, or sales purposes. No photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used without my permission.
11. I accept the risks and complications of this procedure and I consent to the injections of Botox Cosmetic to my face and neck

Patient Signature: _____ Date: _____

Dentist Signature: _____ Date: _____