

Toxin Consent Form

Botox/ Xeomin / Dysport therapy for wrinkles is an FDA approved injection treatment designed to weaken the muscle to provide temporary relief of moderate to severe facial expression lines. Botox is made of Botulinum Toxin Type A, a highly refined protein by the Bacterium Clostridium Botulinum. The injections provide temporary relief of moderate to severe frown lines, crows feet, forehead creasing, lip lines, and dimpling of the chin area.

There are no known permanent side effects. There are however, several possible side effects that are temporary, which include:

Bruising: Occurs at or near the injection site. This effect clears with 7- 10 days. No treatment is necessary.

Headache: Related to actual injections, is usually mild and transient, lasting 24 hours. May be relieved with Tylenol

Asymmetry: If present, will be noticed in the first two weeks of therapy. May be corrected with “touch-up” injections if necessary. There is a fee for touch-up injections.

Numbness: A change in sensation noticed by some patients in the treated areas, better described as “dullness”, it is usually only noticed for a few days after treatment.

Eyebrow or eyelid ptosis (drooping) or diplopia (double vision): seen 1-2% of patients receiving this therapy, is temporary, lasting weeks and usually mild.

Also for reasons not fully understood, some patients may be less sensitive or “resistant” to the effects of the toxins. Very deep creases may not be completely resolved with treatment.
If you are pregnant or nursing, these are not recommended.

Please initial the following:

___ I hereby request and authorize the injection of Botox/ Xeomin for cosmetic purposes

___ The details of the procedure have been explained to me in terms that I understand and have no further questions

___ I understand the effect of this treatment gradually begins with 24 hours and can take up to 14 days for full effect and during this time there may be a notice of asymmetry or unevenness within the treated area.

___ I understand and accept the most likely risks of Botox/ Xeomin injections

I have been candid in revealing any existing or new condition (s) that I have. My technician has asked me if I had any further questions and I do not. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so. I understand the procedure, the risks and the benefits.

Full Name in Print: _____

Date signed: _____

Signature over Full Name