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Botulism Toxin Type A Consent Form

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

I have requested that Dr. Willson, or his designated staff member**,** attempt to improve my facial lines with Botulism Toxin Type A. This treatment may be with BOTOX ®**,** Dysport® or Xemoin® **(**all brand names for Botulism Toxin Type A). These injections have been used for more than a decade to improve spasm of the muscle around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX® Cosmetic, Dysport® and Xeomin® are now approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of Botulism Toxin Type A may relax overactive muscles and soften those vertical lines. Injections in other areas to improve the appearance of facial lines have been reported in literature, but the FDA has not approved those uses. The results of Botulism Toxin Type A 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 Initials_____

The Botulism Type A solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next two to seven days. A decreased appearance of frowning or creasing of other lines will be a result of this treatment. **Patient Initials**_____

Side effects and complications are minimal. The most common side effect is headache, respiratory infection, flu syndrome, temporary eyelid droop and nausea. A rare, but possible complication following injections to the neck, is swallowing initially after the procedure. Botulism Toxin Type A 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. **Patient Initials**_____

I understand that Botulism Toxin Type A should not be used if I am pregnant or if there is any possibility I might be pregnant. **Patient Initials**_____

I understand that responses vary and results are temporary. I understand that repeat treatments are needed several times a year, generally in three to six months, to keep wrinkles from reappearing. **Patient 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 consent to this Botulism Toxin Type A treatment today and for all future treatments by Dr. Willson or his staff.

Patients
Signature:_____
Date:_____

Staff
Signature:_____
Date: _____