

ROBINSON FACIAL PLASTIC SURGERY

CONSENT TO BOTULINUM TOXIN TREATMENT FOR FACIAL WRINKLES

Treatment date: _____

Initials: _____

Rationale

I am aware that when a small amount of purified botulinum toxin (BOTOX) is injected into a muscle, it causes weakness or paralysis of that muscle. This appears in 3-4 days and usually lasts 4 months, but can be shorter or longer.

Treatment date: _____

Initials: _____

Frown lines between the eyebrows are due to contraction of small muscles around them between the eyebrows. Injecting BOTOX into this area will paralyze or weaken these muscles causing temporary improvement or disappearance of the frown lines. Similarly, crow's feet and horizontal forehead lines can also be improved by the injection of BOTOX into this area, which will weaken the muscles and cause improvement in this area.

Treatment date: _____

Initials: _____

Results and Postoperative Care

Treatment date: _____

Initials: _____

(1) I understand that I will not be able to "frown" while injection into this area is effective, but that this will reverse itself after a period of months, at which time re-treatment is appropriate.

Treatment date: _____

Initials: _____

(2) I understand that it would be advantageous for me to forcibly and repeatedly use the treated muscles in the 3-4 hours post-injection to get a better result.

Treatment date: _____

Initials: _____

Risks and Complications

Treatment date: _____

Initials: _____

BOTOX treatment of frown lines can cause minor temporary droop of one eyelid in less than 3% of injections. This usually lasts 2-4 weeks. Occasional numbness of a small area on the forehead lasting 2-3 weeks, bruising, and transient headache have also occurred.

Treatment date: _____

Initials: _____

In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual.

Photographs

Treatment date: _____

Initials: _____

I authorize the taking of clinical photographs and their use for scientific purposes, both in publications and presentations. I understand my identity will be protected.

Treatment date: _____

Initials: _____

Pregnancy and Neurologic Disease

I am not aware that I am pregnant nor that I have any significant neurologic disease.

Treatment date: _____

Initials: _____

Payment

I understand that this procedure is cosmetic and that payment is my responsibility.

Treatment date: _____

Initials: _____

I have read the above and understand it. My questions have been answered satisfactorily by the doctor.

I accept the risks and complications of this procedure.

Treatment date: _____

Initials: _____

Signed

Date

Witness

Date