



White Salmon Family Practice
Cosmetic Dermatology
Informed Consent

BOTOX

By signing this consent form you are agreeing that you have been informed of known risks, benefits and alternatives related to receiving Botox injections.

Botox is a brand name for botulinum toxin type A, a neurotoxin that blocks messages between muscles and the nerves that control them. The effects of Botox become apparent 2-5 days after injection and generally last for 4-6 months, however results differ by individual metabolism. BOTOX injections are customized for every patient, depending on his or her particular needs.

Medically, The FDA approved the use of Botox to treat facial dystonias (spasms), strabismus (crossed eyes), eyelid spasm (blepharospasm), cervical dystonia (spastic muscle disorder with the neck), and motor disorders of the facial nerve (VII cranial nerve). BOTOX has also been used to treat migraine headaches, colorectal disorders, excessive perspiration disorders of the armpit and hands, and musculoskeletal pain disorders.

Cosmetically, Botox is approved for treatment of forehead wrinkles and crow's feet wrinkles. Other areas of the face and body such as smoker's lines around the lips and neck bands may be treated in an "off-label" fashion. and to temporarily soften facial rhytids (wrinkles) between the eyebrows. There are alternatives to Botox, including no treatment, or medicines or surgery on my facial nerves and muscles.

Risks and Complications: Side effects and complications include but are not limited to:

1. Bruising
2. Undercorrection (not enough effect) or overcorrection (too much effect)
3. Facial asymmetry (one side looks different than the other)
4. Paralysis of a nearby muscle leading to: droopy eyelid, double vision, inability to close eye, difficulty whistling or drinking from a straw
5. Generalized weakness
6. Permanent loss of muscle tone with repeated injection
7. Flu-like syndrome or respiratory infection
8. Nausea or headache
9. Development of antibodies to Botox
10. Botox contains human-derived albumin and carries a theoretic risk of virus transmission. There have been no reports of disease transmission through Botox.

You should not have Botox if: you are pregnant; nursing; allergic to albumin; have an infection, skin condition, or muscle weakness at the site of the injection; or have Eaton-Lambert syndrome, Lou Gehrig's disease, or myasthenia gravis. *Pregnancy and Neurologic Disease: I am not aware that I am pregnant nor that I have any significant neurologic disease.* _____ (Initial and date)

Warnings and Precautions: Serious and/or immediate hypersensitivity reactions have been rarely reported. These reactions include allergic reaction, hive-like reaction, soft-tissue edema, and shortness of breath.. There have been rare reports of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction. Some of these patients had risk factors including pre-existing cardiovascular disease.

Adverse Reactions: The most common adverse events following injection include Ptosis (drooping of upper eyelid) and nausea. Localized pain, infection, inflammation, tenderness, swelling, erythema, and/or bleeding/***bruising*** may be associated with the injection.

Migraine Headache Disorders:

BOTOX has been used to treat forehead muscle groups that are involved with the migraine headache condition. Patients are advised that results of BOTOX treatment for migraine headaches may be variable and improvement in this disorder may not occur following BOTOX treatments.

Results and Postoperative Care:

1. I understand that I should stay in the erect posture and that I must not manipulate the area of the injection for the 4 hour post-injection period.

Payment: I understand that full payment (or insurance arrangements) are my responsibility during at this visit.

Off-Label FDA Issues:

There are many medications, injectable fillers and botulinum toxins that are approved for specific use by the FDA, but this proposed use is “Off-Label”, that is not specifically approved by the FDA. It is important that you understand this proposed use is *not experimental* and your provider believes it to be safe and effective.

Authorization (s):

_____ I acknowledge that I have been informed about the Off-Label FDA status of BOTOX® and I understand it is not experimental and accept its use.

_____ I am not pregnant and I am not breastfeeding. (Female patients only)

_____ Before and after treatment, instructions have been discussed with me.

_____ I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

_____ I have read and understand all information presented to me before consenting to treatment.

I hereby authorize DEBRA SHORT, FNP, to perform Botox Cosmetic Injection on me.

PATIENT SIGNATURE

DATE

RESPONSIBLE RELATIVE OR GUARDIAN RELATIONSHIP (Patients under 18)

Debra A Short, FNP