



Heather J. Roberts, M.D.
A Medical Corporation

Dermatology & Dermatologic Surgery
 Cosmetic & Laser Surgery

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BOTOX® COSMETIC INFORMED CONSENT

I, _____, hereby give my consent to Heather J. Roberts M.D. or _____, M.D. to perform Botox® Cosmetic injections for my forehead / glabellar frown lines / crow’s feet / under eye wrinkles / nasal “bunny lines” / neck / mouth corners / chin / upper lip lines / sweaty underarms/ other _____ (Circle all that apply).

I understand that Botox® Cosmetic is FDA approved for treatment of glabellar frown lines (i.e. wrinkles between the eyebrows) and excessive sweating. I understand all other uses of Botox cosmetic above are considered “off label”. Despite this “off label” use, I understand Botox® Cosmetic injections into these areas are not experimental and fall within usual and customary standard use.

Botox® Cosmetic is a natural, purified protein that is derived from a bacterium; in much the same way penicillin is derived from mold. Botox is processed in the lab with albumin, an egg protein. You may not be a Botox candidate because of an allergy to eggs.

I will inform Dr. Roberts of such an allergy before treatment. Initial _____

“Botox” and “Botox® Cosmetic” have been used safely in millions of patients world wide for the temporary improvement in wrinkles for over fifteen years. Botox works by temporarily blocking the ability of treated muscles to contract, thereby improving wrinkles caused by muscle contraction. Botox also affects the sweat glands in the skin to temporarily decrease excessive underarm perspiration and sweaty palms.

On average, the beneficial effects of Botox® Cosmetic set in about 3 - 5 days after treatment. Although each patient is different, the effects of Botox may last up to 2 – 6 months depending on the area treated and the number of units injected. In some patients, the full effect of treatment may not be seen for 2 - 4 weeks.

Additional units of Botox® Cosmetic may be required at 2 weeks if the full benefit has not been realized. Please feel free to call the office at 2 weeks if you want Dr. Roberts to check your results. Except for rare exceptions, additional Botox® Cosmetic units will not be injected any sooner than 2 weeks into the same area. This is advised to avoid “over doing” the effect of your Botox® Cosmetic treatment.

BOTOX COSMETIC INFORMED CONSENT(con't)

Typically, patients come in for repeat treatments 2 – 4 times per year to maintain results. Botox® Cosmetic is primarily effective only at the site into which it is injected. Rarely, (in about 2% of injections) the Botox® Cosmetic may diffuse into nearby local tissues and affect other muscles. There are no known adverse long-term side effects from Botox injections.

Potential localized temporary side effects of Botox® Cosmetic include but are not limited to:

- Localized injection site discomfort
- Bruising
- Transient headaches, nausea and flu-like symptoms (the incidence was no higher than that seen in the placebo treated group)
- Drooping of eyelids, eyebrows and mouth
- Double vision, watery eyes
- Excessive eyebrow elevation (which can be corrected with further injections)
- Lower eyelid swelling (which may last for months in rare cases)
- Difficulty swallowing and muscle weakness
- Numbness
- Drooling, smile asymmetry, difficulty with speech/gargling/singing

These undesirable side effects, while bothersome, are only temporary, lasting several weeks to two months on average. While development of neutralizing antibodies is rare (less than 1-2%), the significance is poorly correlated with loss of clinical response.

PLEASE INITIAL THE FOLLOWING:

_____ I understand I will not be able to contract the muscles in treated areas while the injection is effective, but that this will reverse itself after a period of months at which time re-treatment is appropriate.

_____ In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. **Therefore, no guarantees can or will be given. We only guarantee that this office and physician(s) will use their best judgment and efforts on your behalf.**

_____ I am not pregnant or breast feeding, nor do I have any significant neurological disease.

_____ **I understand that this is an elective cosmetic procedure and that payment in full is my responsibility and is due at the time of service.**

_____ I have read the information in the above "consent for Botox treatment". 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 preceeding and that I have had sufficient opportunity for discussion and to ask questions.

Signature _____ Date _____

Guardian Signature(if patient is a minor) _____

Relationship to patient _____

Witness _____ Date _____