

LIFETIME HEALTHCENTER

Botox® and Xeomin® CONSENT FORM

OnabotulinumtoxinA and IncobotulinumtoxinA

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo cosmetic treatments. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I request treatment for the following areas _____ . I understand that only treatment of the glabella (frown) and Lateral Canthus of the eyes (Crow's Feet) have been approved by the FDA.

I have requested that Rene Mccarty PA-C, Wendy Freden PA-C and Brittani Hernandez, LVN attempt to improve my facial lines with BOTOX® and XEOMIN® cosmetics. These injections have been used for many years to improve spasm of the muscles around the eye, correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX® and XEOMIN® are now approved by the FDA to improve appearance of the vertical lines between the brows, frown lines, as well as crow's feet. A few tiny injections of purified botulinum toxin, BOTOX® or XEOMIN®, can relax overactive muscles and soften those vertical lines. Injections in the other areas to improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. The results of BOTOX® and XEOMIN® are usually dramatic, although the practice of medicine is not an exact science and no guarantee can be or have been made concerning expected results. Some patients may not respond for unknown reasons or the treatment may not last as long as usual.

_____ *Patient Initials*

The BOTOX® and XEOMIN® Cosmetics solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next two to seven days. Full effect is not expected for 14 or more days. A decreased appearance of frowning or creasing of the other lines will be the result of this treatment as well as weakness or paralysis of that muscle. This appears in 2-6 days and usually lasts 3-4 months but can be shorter or longer. I understand that I will not be able to move the targeted muscles as vigorously while the injection into this area is effective, but that it will reverse itself after a period of months, at which time retreatment is appropriate. Repeated injections are necessary to maintain its effects.

_____ *Patient Initials*

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid droop (usually lasts 2-4 weeks), elevation of the outer part of the eyebrows, swelling of the lower eyelid, and muscle weakness and nausea. BOTOX® and XEOMIN® Cosmetics should not be used if there is an infection at the injection site. Occasionally, numbness of a small area on the forehead lasting 2-3 weeks, bruising, asymmetry, twitching, and transient headache have also occurred. It is possible that serious side effects may occur, such as problems breathing, swallowing, or the spread of toxin effect to other parts of the body. 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*

The FDA has placed a black box warning on BOTOX regarding the potential for distant spread of the toxin to sites beyond the injection site and to weaken or paralyze muscles used for breathing or swallowing. In adults, most reports of distant spread of botulinum toxin occurred in patients who received BOTOX for unapproved uses in muscle spasticity or for approved use in cervical dystonia. The agency noted that it has identified “no definitive serious adverse-event reports of distant spread of toxin effect associated with dermatologic use of BOTOX” for cosmetic purposes at approved doses.

I understand that the results are temporary and several sessions may be needed for optimal results.

_____ *Patient Initials*

Photographs may be taken prior to treatment for comparisons to consecutive treatments.

_____ *Patient Initials*

Pregnancy, Nursing, Neurologic Disease, and Medications:

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

_____ *Patient Initials*

Payment:

I understand that this procedure is cosmetic and that payment is my responsibility. I have read the above consent form and understand all of it.

_____ *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 either BOTOX® or XEOMIN® Cosmetic treatments today and for all subsequent treatments.

Patient Signature _____ Date: _____

PRINT NAME: _____

TREATMENT PLAN:

AREA TREATED	TREATMENT TIME	ESTIMATED TREATMENTS REQUIRED	FREQUENCY

PRACTITIONER SIGNATURE: _____

MEDICALPROFESSIONAL: _____