



Botox® CONSENT

Botox® is injected with a small needle into the muscle, with the aim of inhibiting the underlying muscle contraction, therefore improving facial lines and appearance.

I have been informed about the treatment, procedure, indications, expected results and possible side effects. I understand that I may experience swelling, redness, tenderness, slight headache, low grade fever, pain and/or bruising that may occur for several days after my treatment, however, these symptoms will resolve. Rarely an adjacent muscle may be weakened for several weeks after injection. I have been advised of the risks involved and the expected benefits of Botox® treatment.

I understand that I may follow-up at 2 weeks in the event of gross asymmetry or concerns about my results. I consent to have photographs taken before and after treatment for my medical records.

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure. I understand that every precaution will be taken to prevent complications and that complications from this procedure are rare, they can and sometimes do occur.

I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

I understand that the terms of payment require full settlement on or before the day of my treatment.

Patient: _____ Date Of Birth: _____

Patient or Responsible Party Signature: _____ Date: _____

Printed Name of Responsible Party: _____ Capacity: _____