

## **BOTOX®** Cosmetic

(botulinum toxin A, by Allergan) \*For the Temporary Treatment of Superficial Facial Wrinkles\* CONSENT

Name of Patient:	D.O.S
I understand that BOTOX® Cosmetic is a botulinum toxin and B side of the junction. Then when the nerve sends a signal to the muscle to anywhere on the muscle. The muscle has no idea it is supposed to contra	o contract, acetylcholine is released as before, but it can't bind
been damaged.	done and have discovered and made all history in shading a summer.
I understand that there are medical risks involved with this proce medication, and any allergies (including those to Albumin and/or eggs)	
I understand that the effects of the BOTOX® Cosmetic are temp	
may be necessary to have the areas treated again to maintain the result.	orary and that results may last from 5-5 months. After this time it
	be as effective or more effective in improving the appearance of my
wrinkles.	or me of the of the of the office of the off
No guarantees have been made to me regarding the actual treatm	ent results and results can vary with each individual.
I am fully aware of the complications from the use of BOTOX®	
Redness, swelling, itching, pain or pressure sensation lasting more than	
at the injection site. Discoloration or bruising at the injection site (bruissuch as Arnica for a period of 10 to 14 days before treatment). Poor re improvement starting about 3 to 7 days after treatment). Allergic react allergic reaction.) Facial asymmetry - (The muscles of facial expression treatment of one muscle may lead to a relative increased action of anothe eyelid and double vision Weakness and/or flu-like symptoms (headache BOTOX® Cosmetic.	ising may be reduced by avoiding medications that inhibit clotting, sponse to treatment - (generally 80 to 90% of patients note ions - (Rare. Those allergic to eggs will be at greater risk for an a do not act in isolation but have complex anatomic interactions. Thus ther complimentary muscle.). Temporary paralysis leading to droopy
I understand that the effects of treatment may not be apparent for	un to seven days.
I understand that repeated treatments may lead to permanent loss	
I certify that I have none of the known conditions that would male	
hypertrophied scarring, history of autoimmune disease, prior or current neuromuscular disorder, such as myasthenia gravis, multiple sclerosis a	immune therapy with drugs that depress the immune system, or any nd Eaton- Lambert syndrome.
I certify that I am not pregnant, trying to get pregnant or currently	
I understand that scratching or rubbing of the treated areas is not	advisable following treatment.  In that this consent is given freely, and that it is binding on me and
any legal representatives.	and that this consent is given freely, and that it is officing on the and
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Dr. Gary Motykie may show my photos to others for educational purpos	ses. NO YES
I do understand that before and after photos must be taken to monitor tradisclosure. I have read and fully understand the above information and to questions. I accept the risks and complications of the procedure. I have received the Pre and Post instructions for Botox.	
*The amount of BOTOX® Cosmetic injected and the number of injectio regions to be treated, the muscle mass of the patient (typically greater in from site to site on the face. Because the price of treatment with BOTOX will vary.	n men), the ethnicity of the patient and skin thickness, which varies
Patient's Signature:	Date:
Witness's Signature:	Date:
** Turous 5 Signature.	Date