



## PATIENT CONSENT FORM Botox/Dysport

I am aware that Botox/Dysport injections will relax the muscles on areas of the face which cause wrinkles associated with facial expressions. Weakness/paralysis of the muscles may occur after 3 - 14 days of injection, lasting approximately 3-5 months. This may result in difficulty "Frowning" and will reverse after a period of months at which time retreatment is appropriate.

### RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- Posttreatment discomfort, swelling, redness, bruising
- Posttreatment bacterial, viral, fungal infection requiring further treatment
- Allergic reaction
- Occasional numbness of the forehead and/or headache lasting up to 2 weeks
- In very rare cases, temporary droop of muscle or vision changes lasting up to 2 weeks

### PHOTOGRAPHS

\_\_\_\_\_ (Initial) I authorize the taking of clinical photographs by Dr. Joe and his staff. I am aware that all reasonable efforts will be made to conceal my identity and that this may not always be possible, particularly in images involving the face. These photos may be used for:

- 1) Tracking results at follow-up appointments
- 2) Media

### GENERAL HEALTH

\_\_\_\_\_ (Initial) I am not pregnant or breast-feeding. I do not have any significant neurological disease. The health history that I have provided is to the best of my knowledge, accurate and complete.

I have read and understand the above. The doctor/staff have answered all questions to my satisfaction, and I accept the risks and complications of the procedure.

### SIGNATURE

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_