

Neurotoxin Treatment with Botulinum Toxin Type A

Informed Consent Form

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo neurotoxin treatment. This disclosure is not your 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 have requested that Dr. Erik Suh and/or Lacey Meyer, ARNP, attempt to improve my facial lines with a neurotoxin, Botulinum Toxin Type A. This class of medicines (Botox Cosmetic, Jeuveau) have been used for more than a decade to improve spasm of the muscles around the eyes, to correct double vision due to muscle imbalance as well as numerous other cosmetic and medical uses.

A few strategically placed injections of the neurotoxin will relax overactive facial muscles to soften facial lines. Injections in some areas of the face and body to improve the appearance of wrinkles have been reported in the literature, but the FDA has not approved these uses. Physicians use their own judgment when injecting neurotoxins to correct patient concerns.

The results of neurotoxin treatments can be dramatic, however, the practice of medicine is not an exact science and no guarantee can be or has been made concerning expected results. \_\_\_ Patient Initials

The neurotoxin solution is injected with a tiny needle into the muscle. The benefits of the injections will develop over two to seven days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment. \_\_\_ Patient Initials

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid droop, and nausea. Neurotoxin treatment with Botulinum Toxin Type A should not be used if there is an infection at the injection site. Additionally, slight temporary bruising may occur at the injection site. 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

I understand that the results are temporary and several sessions may be needed for optimal results. I have received and/or will review Pre and Post treatment information. \_\_\_ 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 the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to neurotoxin treatment today.

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

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