

**INFORMATION ABOUT YOUR LINE/ WRINKLE REDUCING TREATMENT & BOTULINUM
THERAPY CONSENT FORM**

What is Botox?

Botox is a brand name for Botulinum Toxin Type A which is a protein produced by the bacterium Clostridium botulinum. When given in tiny doses this can smooth and soften wrinkles caused by dynamic or overactive muscles. At the practice we use another brand of Botulinum Toxin Type A called Azallure. It works as a neurotoxin that blocks messages between muscles and the nerves that control them.

Please initial.....

Proposed Treatment

Injection of a very small amount of a purified toxin produced by the bacterium clostridium botulinum, into the specific muscle causes weakness or paralysis of that muscle. This results in relaxation of the muscle and improvement of the lines or wrinkles that the muscle action has formed.

Please initial.....

Anticipated Benefit

Response usually is seen 2-10 days after injection. Typically, the muscle action (and wrinkles) will return in 3-5 months. At this point, a repeat treatment will relax the muscle and soften the lines again.

Please initial.....

Risks and Complications

Possible side effects include: transient headache, swelling, bruising, pain during injection, twitching, itching, numbness, asymmetry (unevenness), temporary drooping of eyelids or eyebrows. These side effects are rare, but have been reported. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. Known significant risks have been disclosed, yet the theoretical risk of unknown complications does exist.

Please initial.....

Bruising may occur after injection. Substances that increase the risk of bruising include Vitamin E, aspirin, motrin and other non steroidal anti-inflammatory drugs. I understand that if I have taken any of the above within the last 7 days; I have increased risk of bruising. Bruising is also a significant risk with the use of blood thinning medications. I understand that if I am taking a blood thinning medication, this treatment may result in significant bruising and may not be recommended.

Please initial.....

I understand that there may be a higher possibility of side effects if I do not follow certain instructions and will adhere to these instructions for at least 4 hrs from the time of treatment. These include:

- I will not lie down or bend forwards for extended periods of time for at least 4 hours from the time of treatment.
- I will not manipulate or massage the treated area for at least 4hours after the treatment.

Please initial.....

Pregnancy and Neurological Disease

I understand that there are certain conditions where BOTOX treatments are not recommended. These include:

- Neurological diseases, such as myasthenia gravis or Bells Palsy
- Have Eaton-Lambert syndrome or Lou Gehrig’s disease
- Allergy to albumin
- Have an infection, skin condition or muscle weakness at the site of injection
- Pregnancy or breast feeding

None of the conditions above apply to me.

Please initial.....

Limitations and Alternatives

Botulinum therapy is best at treating dynamic facial lines, those caused by facial muscle activity; lines present at rest may or may not improve. A treatment may be effective for variable lengths of time with subsequent treatments, may not work as well or for as long as expected, or may not work at all. Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case. Other alternatives which exist for the treatment of wrinkles include topical creams, chemical peels, laser treatments, surgical removal of frown muscles, forehead/brow lift, facelift, collagen or hyaluronic acid treatments.

Please initial.....

Cost/Fees

The cost of your Botulinum therapy will be:

This includes treatment of the following areas in your case:

I understand there will be an additional fee of £50 for touch ups if you require.

Please initial.....

Follow-up

I agree to follow-up in 2-4 weeks after my first treatment if asked to do so, and that I am required to have photographs taken before, during and after treatment for my medical records

Please initial.....

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPHS. MY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY BY THE DOCTOR. 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 THE PROCEDURE. I UNDERSTAND THAT WHILST EVERY PRECAUTION WILL BE TAKEN TO PREVENT COMPLICATIONS AND THAT WHILST COMPLICATIONS FROM THIS PROCEDURE ARE RARE, THEY CAN AND SOMETIMES DO OCCUR. I ACCEPT RESPONSIBILITY FOR ANY COMPLICATIONS THAT MAY OCCUR AND THEREBY ABSOLVE ETHICARE DENTAL AND ANY ASSOCIATED PERSON OF ANY BLAME RESULTING THERE FROM. I AGREE THAT THIS CONSTITUTES FULL DISCLOSURE, AND THAT IT SUPERSEDES ANY PREVIOUS VERBAL OR WRITTEN DISCLOSURES. I UNDERSTAND THAT THE TERMS OF PAYMENT REQUIRE FULL SETTLEMENT ON OR BEFORE THE DAY OF MY TREATMENT.

PATIENT SIGNATURE.....DATE.....

PRINT NAME..... DATE.....

DENTIST SIGNATURE..... DATE.....

PRINT NAME..... DATE.....