

CONNECTICUT EAR, NOSE & THROAT, SINUS & ALLERGY SPECIALISTS, P.C.

BOTOX COSMETIC THERAPY INFORMATION AND CONSENT FORM

NAME: _____

Your initials indicate that you understand each topic.
Do not initial if you wish more information.

DIAGNOSIS:

Facial lines and wrinkles are caused by several factors.

- * Aging
- * Heredity
- * Gravity
- * Sun damage
- * Muscle Action

Muscles of facial expression can cause frown lines, horizontal forehead lines, crow's feet and neck bands. If these are exaggerated or made worse by intentionally making that expression, then muscle activity is partly responsible for these lines.

Initials _____

PROPOSED TREATMENT:

Injection of a very small amount of Botox, a natural purified protein, into a specific muscle results in relaxation of the muscle and improvement of the lines that the muscle action has formed.

Initials _____

ANTICIPATED BENEFIT:

Response usually is seen 2 to 6 days after injection.

Typically, the muscle action (and wrinkles) will return in 3 to 5 months. At this point, a repeat treatment will relax the muscle and soften the lines again.

Initials _____

POST-OPERATIVE CARE:

Stay erect and do not manipulate for at least 4 hours.

Do use the muscles that were injected for the next 4 hours, that is, try to frown, squint or raise your eyebrows. This will help the Botox "take".

Initials _____

RISKS AND COMPLICATIONS:

Side effects include:

- * Headache
- * Bruising
- * Pain during injection
- * Twitching
- * Numbness
- * Asymmetry (unevenness)
- * Inability to frown or raise eyebrows
- * Temporary drooping of eyelids or eyebrows
- * Difficulty swallowing (neck)

Other risks can occur, but are less common.

Initials _____

LIMITATIONS:

Botox 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.
- * May not work at all.

Initials _____

PREGNANCY & NEUROLOGICAL DISEASE:

I am not pregnant to the best of my knowledge nor do I have any significant neurological disease, such as myasthenia gravis.

Initials _____

ALTERNATIVES:

Because not all facial wrinkles, creases and folds are caused by muscle activity alone, other alternatives exist for their treatment.

1. Topical treatments (tretinoin, alpha hydroxy acids, Vitamin C).
2. Chemical or laser peel.
3. Injection with facial fillers.
4. Blepharoplasty (eyelid skin removal).
5. Forehead/brow lift.
6. Facelift.

Without any treatment, the existing lines will remain.

Initials _____

BENEFITS AND RISKS:

These procedures may improve the appearance by removing, tightening or repositioning the skin.

Risks include skin irritation, prolonged redness, infection, scarring, bleeding, swelling, discomfort, nerve damage, numbness, blindness and even death. Recovery may require 1 – 2 weeks or longer.

POST/FEES:

Payment for this cosmetic procedure is my responsibility.

Initials _____

FOLLOW UP:

I agree to follow up two weeks following my first treatment.

Initials _____

REQUEST:

I voluntarily request that the Provider treat my condition: facial lines and wrinkles resulting from muscle action with Botox Cosmetic.

I wish the following areas to be treated:

- Forehead lines
- Frown lines
- Crow’s feet
- Neck bands
- Other

DO NOT SIGN THIS CONSENT FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT.

Ask any questions you might have before signing. Otherwise, write “NONE”.

Questions:

1. _____

2. _____

I ALSO UNDERSTAND THAT I MAY PHONE CONNECTICUT EAR, NOSE & THROAT, SINUS & ALLERGY SPECIALISTS, P.C. AT (203) 574-3777 AT ANY TIME BEFORE OR AFTER THE TREATMENT IF I HAVE ADDITIONAL QUESTIONS.

I accept the uncertainties, risks and limitations of this procedure.

Patient Signature Date

Print Patient Name

Witness Signature Date

Provider Signature Date