

## Botox Consent Form

Botox is approved by the FDA for the temporary improvement (3-4 months) of moderate to severe lines caused by movement of the brows and crows feet.

The risks and side effects include, but are not limited to the following:

- Bruising, redness, tenderness, swelling, and numbness
- Infection, Headache, and Fainting
- Facial asymmetry, alteration, or poor aesthetic results
- Droopy eyelid, or eyebrow
- Sensitivity to light
- Impaired eyelid closure and blink reflex
- Dry eyes, tearing, double vision or vision changes
- Eye trauma and worsening eye bags
- Cheek flaccidity

Off Label Indications include:

Lips:

- Lip drop resulting in smile asymmetry
- Oral incompetence resulting in drooling and/or impaired speaking, eating, or drinking
- Difficulty articulating, difficulty swallowing, and hoarseness

Neck Bands:

- Oral incompetence with resultant drooling and/or impaired speaking, eating, or drinking
- Neck weakness

My signature below certifies that I have fully read this consent form and understand the information provided to me regarding the proposed procedure. I have been adequately informed about the procedure including the potential benefits, limitations, and alternative treatments, and I have had all questions and concerns answered to my satisfaction. I understand that results are not guaranteed and I accept the risks, side effects and possible complications undergoing Botox treatments.

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