



Patient Consent Form
BOTOX® Cosmetic Botulinum Toxin Type A

Patient Name: _____ Date: _____

DOB: ___/___/___

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTOX® Cosmetic treatment. This disclosure is not 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 Image ReNu attempt to improve my facial lines with BOTOX® Cosmetics. This is the Allergan Inc. trademark for Botulinum Toxin Type A. These injections have been used for more than a decade to improve spasm of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX® Cosmetic is now approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of BOTOX® Cosmetics relax overactive muscles and soften those vertical lines. Injections in other areas to improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. The results of BOTOX® Cosmetic are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

_____ Patient Initials

The BOTOX® Cosmetic solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next 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. BOTOX® Cosmetic should not be used if there is infection at 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.

_____ 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, and fully understand; the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this BOTOX® Cosmetic treatment today and for all subsequent treatments.

Acknowledgement

I understand that there are no refunds of any kind for any treatments.

Given the above, I _____ understand that response to treatment varies on an individual basis and that specific results are not guaranteed. I also agree to hold harmless and release from any liability Image ReNu as well as any offices, directors, or employees of the above companies for any condition or result, known or unknown that may arise as a result of any treatment.

Patient's Signature: _____ Date: _____

Physician's Signature: _____ Date: _____