



REDWOOD
FAMILY PRACTICE
(541) 474-5665

Consent for Botox/Dysport Injection Therapy

Botox and Dysport are neurotoxins produced by the bacterium Clostridium Botulinum. It can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expression. This treatment can cause your facial expression lines or wrinkles to essentially disappear. Areas more frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); c) forehead wrinkles. Any area of the face can be treated. Botox/Dysport is diluted to a very controlled solution and when injected into the muscles with a very thin needle is almost painless. You may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last approximately 3-4 months. With repeated treatments, the results may last longer.

It has been explained to me that there are certain inherent and potential risks and side effects of Botox/Dysport, temporary or permanent, that include but are not limited to: 1) discomfort, swelling, redness and bruising, scarring, skin necrosis; 2) bacterial and/or fungal infection requiring further treatment; 3) allergic reactions; 4) minor temporary droop of eyelid(s) in approximately 2% of injections; this usually last 2-3 weeks; 5) occasional numbness of the forehead lasting up to 2-3 weeks; 6) transient headache; 7) flu-like symptoms may occur; 8) rarely, an adjacent muscle may be weakened for several weeks after the injection.

Initial _____

I am not pregnant and am not trying to get pregnant. I am not lactating (nursing). I do not have Neurological Diseases including but not limited to Myasthenia Gravis, Multiple Sclerosis, Lambert Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), Parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin. I do not have any active infection and have never had an allergy or reaction to Botox/Dysport. I am not currently taking any of the following medications which are contraindications to receiving Botox/Dysport: aminoglycosides, nerve blockers, (anticholinesterases, succinylcholine), lincosamides, polymyxins, quinidine, or magnesium sulfate.

Initial _____



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I am aware that when small amounts of purified Botulinum toxin (Botox/Dysport) are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-7 days and usually lasts 3-4 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or as long as usual. I understand that I will not be able to frown or move the muscle treated while the injection is effective but that will reverse after a period of months at which time re-treatment is appropriate. In some cases, the "response" lessens with repeated treatments due to antibody formation against the toxin. I understand that Botox and Dysport Cosmetic is FDA approved for use in the frown lines. Other areas are considered "off label" but are commonly accepted and treated in the cosmetic community.

Initial _____

I have been advised of the post treatment instructions and understand these should be followed to minimize risk of complications. These include instructions to avoid lying down for approximately 4 hours, to avoid rubbing the injection site, and to periodically contract the muscles involved (to enhance the uptake of the toxin at the site of injection). I have been advised of warning signs (pain, redness, swelling, sign of infection, any unusual movement or lack thereof) and will notify the office immediately with any question or concerns.

Initial _____

I authorize the taking of clinical photographs and their use for promotion on the clinic's website. I understand that my identity will be protected.

Initial _____

I hereby voluntarily consent to treatment with Botox/Dysport injection for the condition known as Facial Dynamic wrinkles. The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

I understand that this procedure is cosmetic and payment is my responsibility.

Patient Signature

Date

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