radiance medspa

CONSENT FORM – BOTOX® COSMETIC (*Botulinum Toxin Type A*)

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. *BOTOX® Cosmetic* is the Allergan Inc. trademark for Botulinum Toxin Type A.

I_____ (Patient's Name) authorize Dr.J.Johnson,MD., and/ or her assigned designee, NP Julia Liss/RN Cristina Hernandez to perform the procedure of *BOTOX® Cosmetic* to attempt to improve my facial lines.

Please Initial Below:

_____I acknowledge that this Consent Form encompasses the procedure performed as described above, as well as repeat treatments performed at any given time or as part of a series. Further, this consent shall be valid until expressly revoked by me.

_____I understand that: 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® Cosmetic* 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**.

_____I understand that the *BOTOX® Cosmetic* solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next two to ten days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment.

_____I understand that 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 an 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.

_____If pre and or post operative photos and or videos are taken of the treatment for record purposes, I understand that these photos will be the property of the attending physician.

_____I understand that the results are temporary and treatment results last approximately three to four months and may require additional sessions to obtain desired results.

_____Should one or more of the foregoing problems arise, please notify the office immediately. Early detection and treatment may minimize future complications.

_____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.

Patient Consent

I certify that I have read and understand this treatment agreement and that all the blanks were filled prior to my signature.

_____ _____

Patient Signature/Date Witness Signature/Date

_____ _____

Print Patient Name Print Witness Name

Physician or Clinician Certification

I certify that I have explained the nature, purpose, benefits, risks, complications and alternatives to the proposed procedure to the patient. I have answered all questions fully and I believe that the patient fully understands what I have explained.

_____ _____

Physician or Clinician Signature Date