BRIEF MEDICAL HISTORY AND INFORMED CONSENT FOR NEUROMUSCULAR BLOCKING AGENTS

Name_____Phone_____Age_____Ht._____Wt._____
Address_____City/State_____Zip_____
Medications:_____Allergies:_____Pregnant or Lactating?_____
Physician's Name:_____

Circle any of the following illnesses you have or have ever had in the past:
Myesthenia Gravis Hepatitis Eye Disease Autoimmune Disease Vision Problems
Numbness Muscle Weakness Amyotrophic Lateral Sclerosis (ALS) Eaton Lambert Disorder
Explain:_____
Previous Hospitalizations/Operations:_____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health, I will report it to the office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature_____Date_____

CONSENT TO BOTULINUM TOXIN "A" (BOTOX) AND DYSPORT TREATMENT

Botox and Dysport are neurotoxins produced by the bacterium Clostridium A. Both Botox and Dysport can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. Treatment with these can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are; a) glabellar area of frown lines, located between the eyes, b) crow's feet (lateral areas of the eyes), and c) forehead wrinkles. Botox and Dysport are diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-6 months. With repeated treatments, the results may tend to last longer.

RISKS AND COMPLICATIONS: It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance, such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, and bruising 2) Post treatment bacterial, viral, and/or fungal infection requiring further treatment, 3) Allergic reaction, 4) Minor temporary droop of eyelid(s) in approximately 2% of injections, usually lasting 2-3 weeks, 5) Occasional numbness of the forehead lasting up to 2-3 weeks, 6) Transient headache, and 7) Flu-like symptoms may occur.

PHOTOGRAPHS: I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE: I am not aware that I am pregnant, have any significant neurologic disease, or have any allergies to the toxin ingredients, or to human albunin.

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

RESULTS: I am aware that when small amounts of purified botulinum (Botox) or Dysport are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 3-4 days and usually lasts 3-6 months but can be shorter or longer. In a very small number of individuals, the injection does not work satisfactorily or for as long as usual. I understand that I will not be able to "frown" while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection for a four hour post-injection period.

I hereby voluntarily consent to treatment with Botox/Dysport injections 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.

_____ _____
Patient Signature Date Witness Signature Date