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Otolaryngology
Head And Neck Surgery
Facial Plastic Surgery
Allergy, Asthma, Immunology

Botulinum Toxin (BOTOX COSMETIC®) Consent

Patient Name: _____

Date: _____

To the patient: You have the right to be informed about your skin condition and treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for the treatment program.

I have requested that Dr _____ attempt to improve my facial expression lines with BOTOX COSMETIC®. This is the trademark for botulinum toxin. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasm of the facial muscles. This toxin has also been useful to correct double vision due to muscle imbalance. Injection of minute amounts weakens the muscle and prevents frowning, crow's feet and expression lines. BOTOX COSMETIC® has been FDA approved for cosmetic use, and although the results are usually dramatic, the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

The solution is injected with a small needle into the muscle; you see the benefits develop over the next five to seven days. Less frowning will be possible.

Side effects and complications have been minimal. Occasionally, slight swelling, and/or bruising may last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after an injection. This may cause a temporary drooping of an eyelid. 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.

*Please do not rub the injected area immediately after the treatment. Please remain upright for 4 hours after the injection.

I understand that results are temporary and several sessions may be needed for optimal results.

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® injection procedure today and for all subsequent treatments.

Patient's Signature: _____

Date: _____

Physician's Signature: _____

Date: _____