

# INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT



NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves a supplement to the discussion you have with Dr. Jason Culley. It is important that you fully understand this information, so please read the document thoroughly. If you have any questions regarding the procedure, ask Dr. Culley prior to signing the consent form.

## THE TREATMENT

Botulinum toxin (Botox, Zeonmin) is a neurotoxin produced by the bacterium Clostridium A. Botulinum toxin can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions or facial pain. Treatment with the botulinum can cause your facial expression lines or wrinkles to be less noticeable or 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); c) forehead wrinkles; d) radial lip lines (smoker's lines), 3) head and neck muscles. Botox is diluted into a very controlled solution, and when injected into the muscles with a very thin needle is almost painless. Patient may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results can last up to three months. With repeated treatments, the results tend to last longer.

Initial \_\_\_\_\_

## RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate hospitalization and/or extended outpatient therapy to permit adequate treatment. 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, bruising; 2) Double vision; 3) A weakened tear duct; 4) Post treatment bacterial and or fungal infection requiring further treatment; 5) Allergic reaction; 6) Minor temporary droop of eyelid(s) in approximately 2% of injections. This usually lasts 2-3 weeks; 7) Occasional numbness of the forehead lasting up to 2-3 weeks; 8) Transient headache; 9) Flu-like symptoms may occur.

Initial \_\_\_\_\_

## PREGNANCY AND ALLERGIES

I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing). I do not have or have not had any major illnesses which would prohibit me from receiving dermal fillers. I certify that I do not have multiple allergies or high sensitive to medications, including, but not limited to lidocaine.

Initial \_\_\_\_\_

## ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me. Initial \_\_\_\_\_

## PAYMENT

I understand that this is an "elective" procedure and that payment is my responsibility and is expected at the time of treatment. Initial \_\_\_\_\_

## RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. Initial \_\_\_\_\_

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## PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific, educational and marketing purposes, both in publications and presentations. I hold Dr. Jason Culley harmless for any liability resulting from this production. I waive my right to royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs. Initial \_\_\_\_\_

## RESULTS

I am aware that when small amounts of purified botulinum toxin are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts up to three months, but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual, and there are some individuals who do not respond at all. I understand that I will not be able to use the muscles injected as before 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(s) of the injection for the two-hour post –injection period. Initial \_\_\_\_\_

I understand that this is an elective procedure and I hereby voluntarily consent to treatment with botulinum toxin injections for facial dynamic wrinkles, TMJ dysfunction, bruxism and types of orofacial pain including headaches and migraines. The procedure has been fully explained to me. I also understand that any treatment performed is between me and Dr. Jason Culley, and I will direct all post-operative questions or concerns to him. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify Dr. Culley immediately. I also state that I read and write English.

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**Patient Name (Print)**

**Patient Signature**

**Date**

**I am the treating doctor. I discussed the above risks, benefits and alternatives with the patient. The patient had an opportunity to have all questions answered and was offered a copy of this informed consent. The patient has been instructed to contact my office should they have any questions or concerns after this procedure.**

**Jason Culley, DDS**

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**Doctor Name**

**Doctor Signature**

**Date**