

Patient Consent Form - Botox

I confirm that the use, indications, contraindications and potential adverse effects of treatment with Botulinum toxin have been explained to me. I understand the information provided. I have answered all questions regarding my medical history truthfully. I have discussed realistic outcomes regarding the onset of action and the duration of effect, together with the potential side effects, risks and benefits of Botox injections with Dr Bela and have received satisfactory answers.

I clearly understand that:

- Botox is indicated for temporary improvement in the appearance of moderate to severe lines of the face or the treatment of excess sweating.
- Botox is injected via a syringe into the facial muscles beneath the skin to temporarily (3-4 months) correct fine lines and wrinkles or to temporarily (6 months) decrease the symptoms of excess sweating.
- The longevity of Botox injections varies depending on the areas of injection, amount injected and lifestyle factors (i.e. activity level).
- A touch-up procedure two weeks after the first injection if needed helps optimize results.

I clearly understand that after injection of Botox, there are some potential side effects which include and may not be limited to the following:

Allergies and side effects to Botox® treatment are extremely rare. The results of treatment cannot be guaranteed. Most people find that the injections cause only mild discomfort. Immediately after the treatment, there may be mild swelling, which usually disappears after 30 mins. Afterwards, the injection site can be slightly red for about one hour. In a small number of cases a bruise may occur. Rare side effects include: infection, headache, nausea, feeling heaviness in the upper part of the face, accumulation of fluid in the eyelids (eyelid oedema) and flu-like symptoms. In very rare cases patients may also develop antibodies or allergies to the toxin, experience double-vision and watering eyes.

If you are pregnant or a nursing mother or sufferer from neuromuscular diseases such as Bell's palsy or myasthenia gravis, treatment is not recommended. Please mention any allergies you may have especially allergies to eggs. For treatment of the upper face, such as frown and forehead, there is a very low risk of brow ptosis (drooping of the eyebrow) or eyelid ptosis (drooping of the eyelid), which completely reverses with time.

For treatment in the lower areas of the face, as the treatment involves the temporary relaxation of the muscles, your facial movements will change and feel different.

I have informed my physician about all of the medications that I have taken or am currently taking including herbal medications. I have read the information provided (Botox injections) in its entirety and have discussed the risks and benefits of Botox injections with Dr Bela or his representative. I understand the information provided.

I authorize Dr Bela to provide this treatment. I will follow post-treatment care as outlined, which includes **contacting the office immediately if I have any concerns with regard to side effects following the procedure**. I understand and fully agree to the terms outlined above.

Dr Bela may use pictures taken before and after my treatment for the following purposes. I agree or disagree with their use as follows (please tick the appropriate) provided that these pictures have been shown for me previously:

Scientific/educational purposes - I agree - I disagree

Media/promotional purposes - I agree - I disagree

The treatment with Botox injections has been clearly explained to me and I consent to the treatment.

Name: _____

Signature: _____ Date: _____

Practitioner's notes

I have explained the benefits, risks, downsides and material information according to the Patient information Leaflet and Consent form regarding the proposed treatment plan to the patient. **Yes – No**

I have explained to the patient the alternatives to the proposed treatment plan, including their benefits, risk, downsides and material information. **Yes – No**

Dr Bela Horvath

Signature: _____ Date: _____