

Botox Consent Form

Botox is indicated for the temporary improvement in the appearance of lines associated with frowning.

Patients with neurological disorders such as amyotrophic lateral sclerosis, myasthenia gravis or Lambert-Eaton syndrome may be at increased risk of serious side effects.

The most common side effects include headache, respiratory infection, flu syndrome, temporary eyelid droop, and nausea.

I understand there may be some degree of discomfort with the injections.

I understand there are no guarantees as to the result of this treatment.

I understand that this is a cosmetic treatment and that no medical claims are expressed or implied.

I understand that the results may take several days to be observable and can last up to four months.

I understand that due to variables such as age and individual anatomy, "touch ups" may be necessary.

Touch ups can be done as soon as two weeks post treatment and will cost \$10.00 per unit used.

I hereby agree to all of the above, and agree to be treated with Botox. I further agree to follow all post-treatment instructions.

Post Botox Instructions

1. Remain upright for at least four hours.
2. Avoid manipulating the treated area for four hours.
3. Frown and smile repeatedly for the first hour after treatment.
4. Take no naps in the reclining position.

If you have any questions, please feel free to call the office at (770) 788-0620.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____