

Botox Informed Consent



I, _____, understand that I will be injected with Botulinum A Toxin (Botox) to paralyze specific muscles temporarily. Botulinum A Toxin (Botox) injection has been FDA approved for use in the cosmetic treatment for glabellar frown lines only – the wrinkles between the eyebrows. Injection of Botox into the small muscles between the brows causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. I understand the goal is to decrease the wrinkles in the treated area. This paralysis is temporary, and re-injection is necessary within three to four months. I agree to non-FDA approved (off-label) uses of Botox. It has been explained to me that other temporary and more permanent treatments are available.

The possible side effects of Botox include but are not limited to:

1. Swelling, rash, headache, local numbness, pain at the injection site, bruising, respiratory problems, and allergic reaction.
2. Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.
3. Most people have lightly swollen pinkish bumps where the injections went in, for a couple of hours or even several days.
4. Although many people with chronic headaches or migraines often get relief from Botox, a small percent of patients get headaches following treatment with Botox, for the first day. In a very small percentage of patients these headaches can persist for several days or weeks.
5. Local numbness, rash, pain at the injection site, flu like symptoms with mild fever, back pain.
6. Respiratory problems such as bronchitis or sinusitis, nausea, dizziness, and tightness or irritation of the skin.
7. Bruising is possible anytime you inject a needle into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
8. While local weakness of the injected muscles is representative of the expected pharmacological action of Botox, weakness of adjacent muscles may occur as a result of the spread of the toxin.
9. Treatments: I understand more than one injection may be needed to achieve a satisfactory result.
10. Another risk when injecting Botox around the eyes includes corneal exposure because people may not be able to blink the eyelids as often as they should to protect the eye. This inability to protect the eye has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. This reduced blinking has been associated with corneal ulcerations. There are medications that can help lift the eyelid, however, if the drooping is too great the eye drops are not that effective. These side effects can last for several weeks or longer. This occurs in 2-5 percent of patients.

I will follow all aftercare instructions as it is crucial I do so for healing. As the use of Botox is not an exact science, there might be an uneven appearance of the face with some muscles more affected by the Botox than others. In most cases this uneven appearance can be corrected by injecting Botox in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months. This list is not meant to be inclusive of all possible risks associated with Botox as there are both known and unknown side effects associated with any medication or procedure.

Botox should not be administered to a pregnant or nursing woman. I am not currently pregnant, trying to get pregnant or nursing.

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The number of units injected is an estimate of the amount of Botox required to paralyze the muscles. I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

I have fully read and understand the black box warnings associated with Botox treatments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required. I understand the procedure(s) I seek are cosmetic in nature, not medically necessary, and therefore would be fraudulent and unethical for Dr McIntosh to submit a fee to any insurance company for coverage. I have been explained to and shown the financial costs of having Dr. McIntosh provide Botox treatments for me and accept these terms. I further understand that Dr. McIntosh will not accept insurance for this/these procedure(s). My consent to have Dr. McIntosh provide care and not accept assignment from any insurance company, managed care provider or other coverage source is irrevocable and final. I understand I will be fully responsible for the fees for the treatment I seek.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botox treatments with the above understood. I hereby release Puget Sound Plastic Surgical Group, PLLC, the person injecting the Botox and the facility from liability associated with this procedure.

Patient or Legal Representative Signature / Date

Relationship (self, parent, etc.)

Print Patient or Legal Representative Name

Witness Signature / Date