

BAYVIEW GENERAL MEDICINE

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Consent for Botox Injection Therapy

I have requested that Richard Blanchar, M.D. attempt to improve my facial expression lines with Botox.

This treatment involves injecting 12-21 sites of the facial muscles with minute amounts of botulinum toxin. This toxin temporarily weakens the facial muscles to give the skin a smoother and more rested appearance. Although the results are usually dramatic, I have been made aware concerning the expected results in my case.

I have been given and reviewed the informative hand-out, “Botox – The Cosmetic Denervation of Frown, Forehead and Eye Expression Lines”. I understand the benefits develop over 2-7 days and can last 6 weeks to 6 months based on individual variability. I also understand that a small percentage of people are minimally responsive to the treatment. In some cases, the “response” lessens with repeated treatments due to antibody formation against the toxin.

Side effects and potential complications have been reviewed with me, and can include slight swelling, bruising, eyelid or brow droopiness, asymmetry of the lower face, or skin rash (in the event of allergic reaction). Rarely, an adjacent muscle may be weakened for several weeks after an injection. Temporary double vision is extremely rare, but has been reported (particularly when used by ophthalmologists to treat spastic eyelid muscles blepharospasm). These effects, along with natural muscle activity, will recover over many weeks to months. I have been advised of the post-treatment instructions and understand these should be followed to minimize risk of complications. These include instructions to avoid lying down for approximately 4 hours, to avoid “rubbing” the injection sites, and to periodically contract the muscles involved (enhances Botox uptake at the muscle sites).

Photographic consent: In connection with the medical services to be received from Dr. Richard Blanchar, I consent to the taking of appropriate photographs relative to these services. It is understood that the photographs will be taken under Dr. Richard Blanchar’s supervision and will be used only for medical records, unless in the judgment of the doctor medical research, education, or science will be benefitted by their use. In that event I agree that they may be used for such purposes provided that the patient’s identity is not revealed by the photographs or by descriptive texts accompanying them.

Authorization for disclosure of information: I authorize Dr. Blanchar to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until the date of the conclusion of such treatment, to those individuals who, in Dr. Blanchar's sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review.

Is having cosmetic surgery your idea, or is someone else urging you to have it? _____
Do you understand that the objective of any cosmetic procedure is improvement in appearance, not perfection? _____
Do you understand that anyone undergoing cosmetic surgery must assume certain risks?

What are your expectations? _____

I have been advised of the risks involved, the expected benefits, and the alternative treatments, including no treatment at all.

I agree that this constitutes full disclosure. 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 understand that an appointment will be scheduled the day of treatment for my 2-week cosmetic follow up, which will include having pictures taken.

Patient signature: _____ Date: ____/____/____

Witness signature: _____ Date: ____/____/____