

Physician's Plan

one to one weight loss & wellness

Botox® Cosmetic Information & Consent Form

Date: _____

Name: _____

Address: _____

Phone Numbers:

(H) _____ Do not call

(C) _____ Do not call

(W) _____ Do not call

E-mail: _____ I do not wish to be contacted via email

Date of Birth: _____ Age: _____ Gender: Female Male

Are you pregnant? Yes No

Are you breastfeeding? Yes No

Any known allergies? (medications, food, etc.): _____

Are you currently taking any medications? (list any including Aspirin, herbal supplements, etc.): _____

Present Illnesses: _____

In case of emergency, who may we contact? _____

The following consent form outlines the risks, benefits, alternatives, as well as complications that could occur with Botox® Cosmetic. Reviewing this form will tell you what you can expect from receiving Botox® Cosmetic. The end of this form allows you and your doctor to attest that all questions have been answered to your satisfaction and that you are giving informed consent to proceed with the Botox® Cosmetic. If, after you have read and reviewed this form with your doctor, you do not believe that you truly understand the risk, benefits, and alternatives associated with the procedure, do not sign the form until all your questions have been answered.

I request Physician's Plan to administer the drug Botulinum Toxin Type A (Botox® Cosmetic) to me. I understand the intended use and benefit of Botox® Cosmetic is to improve the appearance of wrinkles around the eyes (crow's feet), frown lines, forehead furrows, and lower face. The benefit of Botox® Cosmetic develops over a 5-7 day period and lasts approximately 3-4 months, sometimes longer, The treatment is temporary. The risks associated with the use of Botox® Cosmetic include but are not limited to: local numbness to areas near the injection site, swelling, bruising, drooping eyes, loss of facial expression, drooling, burning sensation and/or minimal pain during the injections, temporary headache during and after the injections, nausea, paralysis in one or more extra-ocular muscles (eyes) causing double vision, facial asymmetry (one side looks different from the other), permanent loss of muscle tone with repeated injections and the development of antibodies to Botox® Cosmetic.

Certain medications (e.g. antibiotics, aspirin, anti-inflammatories) and even some vitamins and herbs may increase the potency of Botox® Cosmetic and may increase bleeding and bruising at the time of injection. I attest that I have provided my physician with a list of all my current medications and supplements, I understand that pregnant or nursing mothers should not undergo Botox® Cosmetic injections. It is not known through research whether a Botox® Cosmetic injection has any effect on a fetus or whether it is found in breast milk and is therefore presumed unsafe. I verify that to the best of my knowledge I am not pregnant and I am not nursing. I also have been advised that patients with Easton-Lambert syndrome, Lou Gerhig's disease, or myasthenia gravis should also not receive Botox® Cosmetic. I attest that I do not have any of these diseases.

I have been advised and I understand that: research has proven Botox® Cosmetic works best on these wrinkles known as "hyperkinetic wrinkles" (wrinkles in motion). These hyperkinetic muscles contract during facial expressions such as squinting or frowning. Botox® Cosmetic works by blocking the signal from crossing the "neuromuscular junction" and allows the muscle to relax and helps to eliminate the wrinkles that lie above.

I have been advised and I understand that: Botox® Cosmetic can be injected in small amounts into affected muscle(s) and that no desensitizing is required for Botox® Cosmetic injection. I understand that the FDA has approved Botox® Cosmetic for patients under the age of 65.

I understand Botox® Cosmetic generally lasts from 3-4 months, sometimes longer. I understand and acknowledge that no guarantee has been given as to the results of a Botox® Cosmetic treatment. It has been explained to me that this procedure may fail to reduce wrinkles completely and that multiple treatments are required to obtain results. My physician will discuss with me how many treatment(s) may be needed.

I confirm with my signature below that my physician has discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to

my satisfaction, and that I thereby give informed consent for the administration of Botox® Cosmetic on me.

I voluntarily request treatment with Botox® Cosmetic by my physician, which has been explained to me, and my questions regarding such treatment, its alternatives, its complications and risk have been answered by the doctor, staff, and/or written information. The information which I have been given has been in terms clear to me and I understand the risks and complications of the treatments. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure.

I understand that following my initial treatment, I will be required to come in 2 weeks later for a follow-up appointment. This visit will allow the physician to see the effects of the Botox® Cosmetic treatment and determine if additional injections are needed to give you your desired results. I understand that this follow up visit will require no additional payment.

I understand that the terms of payment require full settlement on the day of my treatment. I understand that the amount of Botox® Cosmetic injected and the number of injection sites used varies based on the goals of treatment, the region or regions to be treated, the muscle mass of the patient (typically greater in men), the ethnicity of the patient, and skin thickness, which varies from site to site on the face. Because the price of treatment with Botox® Cosmetic is based on the total number of units injected, the cost will vary. I understand that the cost per unit of Botox® Cosmetic is \$12 a unit.

I understand that photographs will be taken in order to document the procedure's effectiveness and results. I agree to allow any images take to be used for educational purposes with the knowledge that my identity will be kept private.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

PHYSICIAN

I confirm with my signature that I have discussed with the above-named patient the risks, potential complications, and intended benefits of Botox® Cosmetic. The patient has had the opportunity to ask questions, all questions have been answered, and the patient expressed understanding. Thus informed, the patient has requested that I administer Botox® Cosmetic to him/her.

Physician Signature: _____ Date: _____