

PATIENT CONSENT FOR BOTULINUM TOXIN TREATMENT

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_____ **I authorize Dr. Matta, his staff or associate to perform BOTOX Cosmetic®/Dysport™/XEOMIN Cosmetic™ treatments,** in order to reduce the appearance of my facial wrinkles in the areas treated.

_____ I understand that BOTOX Cosmetic®/Dysport™/XEOMIN Cosmetic™ relaxes the muscles under my skin and therefore reduces the wrinkling caused by muscular contraction for approximately three to four months.

_____ Although results are commonly predictable and provide a good outcome, I have been informed that the practice of medicine is not an exact science and that no guarantees can be made concerning expected results in my case.

_____ **I also understand that it can take up to 14 days for the full result to occur,** although the benefits may begin to develop within the first few days.

_____ I understand that the areas treated will result in a reduction of muscle movement and that there is no guarantee that wrinkles will be completely erased.

_____ I understand that permanent wrinkles cannot be eliminated with BOTOX Cosmetic®/Dysport™/XEOMIN Cosmetic™ even if combined with filler treatment.

_____ I understand that the lines directly under the eyes are not affected.

_____ **I understand that side effects or complications are rare and not permanent.** Occasionally, slight swelling, and/or bruising may last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after the treatment. There is less than 1% chance of upper eyelid weakness, which means the top eyelid could droop 1 - 2mm, for a month or more. The droop always resolves.

_____ I understand that treatment of crows feet can cause a thinning of the temporal muscle which may be longstanding and possibly require filler treatment to improve.

_____ I understand that allergic reactions, including anaphylaxis are possible with BOTOX Cosmetic®/Dysport™/XEOMIN Cosmetic™.

_____ I understand that treatment with BOTOX Cosmetic®/Dysport™/XEOMIN Cosmetic™, the eyes can result in swelling that can last up to 4 months.

_____ I understand that lower face treatments can result in asymmetry, and potential functional impairment of the muscles around the mouth.

_____ Please Print Full Name Legibly

_____ Patient Signature

_____ Today's Date:
DD/MM/YYYY

_____ Dr. Matta

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_____ I understand that although Botox Cosmetic® has been used for over 20 years with no long term side effects being documented, longer term effects of Botox Cosmetic® are not known.

_____ Results may vary from session to session. I understand that Botox Cosmetic is indicated for glabellar and crows feet and forehead lines and XEOMIN Cosmetic™ and Dysport™ are indicated for glabellar wrinkles, any other treatment area is considered off-label but adheres to the standards of practice in the province of Ontario.

_____ **I have received a BOTOX Cosmetic®/Dysport™/XEOMIN Cosmetic™ Post Treatment Instruction form and I agree to follow the recommendations of the doctor.**

_____ I understand that any treatment provided may or may not meet my expectations. I understand and agree that there is no compensation or refund of monies paid in any event.

_____ I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

_____ Please Print Full Name Legibly

_____ Patient Signature

_____ Today's Date:
DD/MM/YYYY

Dr. Matta