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**Botulinum Toxin Type A
Dysport / Botox**

Name _____ Date _____

To our patients: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTULINUM TYPE A cosmetic treatment. This disclosure is not meant to alarm you, it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that Dr Mani / Valerie Luethge Stern, PA-C / Elizabeth Poe, RN attempt to improve my facial lines with BOTULINUM TOXIN TYPE A also know by its trademark names of BOTOX / DYSPORT.

Botox is an Allergan INC. trademark name for Botulinum toxin Type A

Dysport is a Medicis Aesthetics, INC trademark name for Botulinum toxin Type A

These injections have been used for more than a decade to improve spasms of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX cosmetic as well as Dysport are approved by the FDA to improve the appearance of the vertical lines between the brows, also known as glabellar lines. A few tiny injections of the botulinum toxin A will relax the overactive muscles and soften the vertical lines. Injections in other areas improve the appearance of facial lines and has been reported in the literature, but the FDA has not approved these uses, elsewhere on the face or neck.

The results of Botulinum Toxin A are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

_____ Patient Initials

Botulinum Toxin Type A is injected with a tiny needle into the muscle; you should see the benefits develop over the next two to seven days. A decreased appearance of frowning or ceasing of other lines will be the result of this treatment.

_____ Patient Initials

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid droop, bruising, and nausea. Botulinum Toxin Type A should not be used if there is an infection at the injection site.

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

_____ Patient Initials

I understand that the results are temporary and several sessions may be needed for optimal results.

_____ Patient Initials

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. 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 consent to this Botulinum Toxin Type A treatment today and for all subsequent treatments.

_____ Patient Initials

I am not pregnant, breast feeding or have any medical conditions that would be contraindicated in my having this procedure performed today. I have given a full medical history as well as disclosing all medications that I am taking, or have taken in the past two weeks, prior to my treatment with Botulinum Toxin Type A

_____ Patient Initials

I have made the informed decision to have BOTOX DYSPORT injected today. I have been given a copy of the FDA safety information required.

Patient's signature _____ Date _____

Glabella _____ Forehead _____ Eyes _____ Neck _____