



Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

DOB \_\_\_\_\_ Telephone: \_\_\_\_\_

e-mail \_\_\_\_\_

Reason for your visit today  Botulinum  Filler  Other

Have you ever had botulinum toxin/Filler Before?  Yes  No

If yes, by whom: \_\_\_\_\_

Have you ever had an adverse reaction to botulinum/fillers?  Yes  No

Describe:

Please list all medications taken within the past 2 weeks including prescription, over the counter and herbal

\_\_\_\_\_

Allergies  Yes  No Describe \_\_\_\_\_

Have you had a recent (the past month) outbreak of cold-sores, herpes or shingles?  Yes  No

Have you ever had an adverse reaction to botulinum/fillers?  Yes  No

Is there anything else you would like to discuss today? (Please describe below)  Yes  No



Name \_\_\_\_\_

Loyalty Program Distinctions \_\_\_\_\_

Date	Botulinum Toxin												Location				PAYMENT		OFFICE					
	Type	Front	Glab	Crow L	Crow R	Lip L	Lip R	DLI L	DLI R	Other	Units	Lot	EI	Mnvl	Ofc	SB	Type	Amt	SS	Lgr	S1	S2		



I here authorize **Elliot B. Duboys, MD** and such assistants as may be selected to perform the following procedure or treatment

**BOTULINUM INJECTIONS ( Botox, Dysport, Juveau, etc)**

I have received the following information sheet:

**INFORMED CONSENT BOTULINUM INJECTIONS**

1. **Botulinum** is a protein that blocks the transmission of nerve impulses to muscle receptors. The diminished muscle activity is what is responsible for its therapeutic effect. In the case of facial muscles of expression (i.e. frown) a decrease in activity leads to an improved appearance with less wrinkling.
2. Side effects are rare, but may occur. These include drooping of the eyelid or eyebrow (double vision), facial asymmetry, bruising etc. As **Botulinum** is not permanent, all of these complications are usually temporary.
3. It is suggested that patients refrain from the following activities for a period of 24-hours following **Botulinum** injection: Exercise, facials or waxing, alcohol consumption, use of medications known to thin the blood, shoe shopping and bending.
4. I agree to inform the physician of any medications taken within the past 10 days.
5. **Botulinum** begins working within 5-7 days and lasts approximately 3-4 months. Injections must then be repeated to maintain the desired effect. The degree and interval of improvement will vary from person to person.
6. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
7. I consent to the photographing or televising of the operation (s) or procedure(s) to be performed, including appropriate portions of my body, for medical scientific or educational purposes, provided my identity is not revealed by the pictures.
8. If additional **Botulinum** is required to achieve your desired result within two weeks, it is understood that I will be charged \$14.00/unit.
9. I understand that the purpose of this procedure is purely cosmetic in nature and that no reimbursement is expected under my health care insurance.
10. I understand that I will be charged \$14.00/unit for any touch-ups.
11. This consent shall be valid for all future Botulinum treatments unless revoked in writing.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-10) I AM SATISFIED WITH THE EXPLANATION AND ALL MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION

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Signature

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Print Name

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Date



I here authorize **Elliot B. Duboys, MD** and such assistants as may be selected to perform the following procedure or treatment

### **FACIAL FILLERS**

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1. I recognize that during treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician, assistants or designee to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
2. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury and sometimes death.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
5. For purposes of advancing medical education, I consent to the admittance of observers in the operating room.
6. I understand that a touch up, at the doctor's discretion, if necessary will be performed free of charge if additional product is still available. I also understand that unused product will be discarded 30 days following my treatment.
7. I understand that these products are used as temporary filling agents for lines/wrinkles and augmentation of soft tissues.
8. I understand that I may get temporary redness, bruising, itching and scabbing at or around the injection sites
9. I understand that there have been reports of large swellings at or around the injection sites that occur several weeks/months after the injection and may persist for many months (the incident appears to occur less than 1% of the time.
10. I understand that the swellings may occasionally lead to permanent scars at or around the injection sites
11. I understand that there may be additional risks and/or complications which remain unknown at this time.
12. I accept all the above-mentioned risks of receiving fillers and request and authorize Associated Plastic Surgeons to treat me.
13. If additional medications or fillers are needed I acknowledge that there will be additional charges.

This consent shall be valid for all future fillers.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-13) I HAVE HAD AMPLE OPPORTUNITY TO DISCUSS THESE ISSUES AND ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

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Signature

Print Name

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Date

## **INFORMED CONSENT – BOTULINIUM INJECTION**

### **INTRODUCTION**

Clostridia botulina bacteria produce a class of chemical compounds known as “toxins.” The Botulina Type A Toxin (botulinum toxin) is processed and purified to produce a sterile product suitable for specific therapeutic uses. Once the diluted toxin is injected it produces a temporary paralysis (chemodenervation) of muscle by preventing transmission of nerve impulses to the muscle. The duration of muscle paralysis lasts for approximately three months.

botulinum toxin has been used to treat certain conditions involving crossed eyes (strabismus), eyelid spasm (blepharospasm), motor disorders of the facial nerve (VII cranial nerve) as well as facial wrinkles and increased sweating. Certain muscle spastic muscle disorders with the neck and colorectal areas have also been treated with this agent.

botulinum toxin injections are customized for every patient, depending on his or her particular needs. These can be performed in areas involving the eyelid region, forehead, and neck. It may also be used for hyperhidrosis (excessive sweating) in areas such as the axillae (arm-pits), palms, groin, etc. It should be realized that botulinum toxin cannot stop the process of aging. It can, however, temporarily diminish the look of wrinkles caused by muscle groups. botulinum toxin injections may be performed as a singular procedure or as an adjunct to a surgical procedure.

botulinum toxin is intended to diminish dynamic wrinkling; that is, wrinkles that are produced by facial animation. botulinum toxin will not affect static wrinkling nor will it affect fine lines. botulinum toxin usually takes 5-7 days to reach its maximal effect.

### **ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin wrinkles by any means. Improvement of skin wrinkles may be accomplished by other treatments or alternative types of surgery such as a blepharoplasty, face or brow lift when indicated. Other forms of eyelid surgery may be needed should you have intrinsic disorders affecting the function of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis)

or looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin-peels, lasers, injection of filling material, or other skin treatments. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

Alternative methods of treating hyperhidrosis include antiperspirants, surgical sympathectomy or no treatment at all. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

### **RISKS OF BOTULINIUM** (Botulina Type A Toxin)

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual’s choice to undergo this procedure is based on the comparison of the risks to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your Plastic Surgeon to make sure you understand the risks, potential complications, and consequences of botulinum toxin injections.

**Bleeding** – It is possible, though unusual, to have a bleeding episode from a botulinum toxin injection. Bruising in soft tissues may occur. Serious bleeding around the eyeball during deeper botulinum toxin injections for crossed eyes (strabismus) has occurred. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Do not take aspirin or anti-inflammatory medications for seven days before botulinum toxin injections, as this may contribute to a greater risk of a bleeding problem.

**Damage to deeper structures** – Deeper structures such as nerves, blood vessels, and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.

**Corneal exposure problems** – Some patients experience difficulties closing their eyelids after botulinum toxin injections and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments protective eye drops, contact lenses or surgery might be necessary.

Dry Eye Problems – Individuals who normally have dry eyes are advised to use special caution in considering botulinum toxin injections around the eyelid region. Your specific concerns should be addressed with your plastic surgeon.

Migration of botulinum toxin – botulinum toxin may migrate from its original injection site to other areas and produce temporary paralysis of other muscle groups or other unintended effects.

Drooping Eyelid (Ptosis) – Muscles that raise the eyelid may be affected by botulinum toxin, should this material migrate downward from other injection areas.

Double Vision – Double vision may occur if the botulinum toxin material migrates into the region of muscles that control movements of the eyeball.

Eyelid Ectropion – Abnormal looseness of the lower eyelid can occur following botulinum toxin injection

Other Eye Disorders – Functional and irritative disorders of eye structures may rarely occur following botulinum toxin injections.

Asymmetry – The human face and eyelid region is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to botulinum toxin injection.

Pain – Discomfort associated with botulinum toxin injections is usually of short in duration.

Skin disorders – Skin rash and swelling may rarely occur following botulinum toxin injections.

Unknown Risks – The long-term effect of botulinum toxin on tissue is unknown. There is the possibility that additional risk factors may be discovered.

Unsatisfactory result – There is the possibility of a poor or inadequate response from a botulinum toxin injection. Additional botulinum toxin injections may be necessary. There will be a charge for any additional botulinum toxin injection. Surgical procedures or treatments may be needed to improve skin wrinkles, including those caused by muscle activity.

Allergic reactions – As with all biologic products, allergic and systemic anaphylactic reactions may occur. Allergic reactions may require additional treatment.

Antibodies to botulinum toxin – Presence of antibodies to botulinum toxin may reduce the effectiveness of this material in subsequent injections. The health significance of antibodies to botulinum toxin is unknown.

Infection – Infection is extremely rare after a botulinum toxin injection. Should an infection occur, additional treatment, including antibiotics, might be necessary.

Long-term effects – Subsequent alterations in face and eyelid appearance may occur because of aging, weight loss or gain, sun exposure or other circumstances not related to botulinum toxin injections. botulinum toxin injections do not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary.

Pregnancy and nursing mothers – Animal reproduction studies have not been performed to determine if botulinum toxin could produce fetal harm. It is not known if botulinum toxin can be excreted in human milk.

Blindness – Blindness is extremely rare after botulinum toxin injections. However, it can be caused by internal bleeding around the eyeball or needle stick injury.

Drug Interactions – The effect of botulinum toxin may be potentiated by aminoglycoside antibiotics or other drugs known to interfere with neuromuscular transmission.

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical procedures and treatments, or any complications that might occur from the same. Please carefully review your health insurance subscriber information pamphlet.

### **ADDITIONAL TREATMENT NECESSARY**

There are many variable conditions in addition to risk and potential complications that may influence the long-term result of botulinum toxin injections.

Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with botulinum injections. Other complications and risks can occur but are even more uncommon.

Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty, expressed or implied, on the results that may be obtained.

**FINANCIAL RESPONSIBILITIES**

The cost of botulinum toxin injection may involve several charges. This includes the professional fee for the injections, follow-up visits to monitor the effectiveness of the treatment, and the cost of the botulinum toxin material itself. Should you require a touch-up, an additional fee will be charged. It is unlikely that botulinum injections to treat cosmetic problems would be covered by your health insurance. Additional costs off medical treatment would be your responsibility should complications develop from botulinum toxin injections.

**TOUCH UP POLICY**

Should the patient not attain the maximal effect, please call the office within two weeks from your last botulinum injection. Additional botulinum toxin will be charged at the prevailing rate.

**DISCLAIMER**

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts pertaining to your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**IT IS IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY  
(AND HAVE ALL YOUR QUESTIONS ANSWERED) BEFORE SIGNING THE  
CONSENT FORM AT YOUR PRE-OPERATIVE CONSULTATION.**

Signature

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Print Name

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Initial