

Patient Consent Form

Botulinum Toxin Type A (Botox, Dysport, Xeomin)

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTULINUM TOXIN 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. Biehl** attempt to improve my fine lines with *Botulinum Toxic Type A*. Facial line improvement is the trademark for *Botulinum Toxic Type A*. These injections have been used for more than a decade to improve the spasm of the muscles around the eye, to correct double vision due to muscle imbalance, as well as numerous other neurological uses. *Botulinum Toxic Type A* is now approved by the FDA to improve the appearance of the vertical lines between the brows. A few injections of *Botulinum Toxic Type A* relax overactive muscles and soften those vertical lines. Injections in other areas to improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. The results of *Botulinum Toxic Type 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**

The *Botulinum Toxic 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 creasing 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 and nausea. *Botulinum Toxic Type A* should not be used if there is an infection at the injection site. Additionally, slight temporary bruising may occur at the injection site. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all. _____ **Patient Initials**

I understand that the outcome is temporary and several sessions may be needed for optimal results. _____ **Patient Initials**

I confirm that I have received and reviewed the Medication Guide and the doctor has satisfactorily answered all of my questions. _____ **Patient Initials**

I understand that Dr. Biehl is asking for a 24 hour cancellation notice for all appointments made from this day forward. _____ **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 understood, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions of the staff at Alaska Women's Advanced Medical Aesthetics/Alaska Women's Advanced Pelvic Surgery & Urogynecology. I consent to this *Botulinum Toxic Type A* treatment today and for all subsequent treatments.

Print Patient Name: _____ Date: _____

Patient Signature: _____

Witness Signature: _____ Date: _____

Lot # _____ Expiration _____