

1008 Laurel Street San Carlos, CA 94070 (650) 65-21363 | www.Weileyecare.com

Botox® / Dysport® Consent form

Name	Date
I request that Dr. Weil treat facial wrinkles using botulism (Bot to improve the appearance of wrinkles due to excessive contra	
Area to be treated are	
I realize that both products are FDA approved products for tre many physicians have used this product in many other areas There are many publications on this subject.	
I understand that the purpose of Botox or Dysport is to reversi that cause frown lines, crow's feet and forehead creases.	bly paralyze the muscles of the facial expression
This treatment is not permanent. On average, it lasts 3 months show a response by <u>day 30</u> with the majority (82.5%) showing	·
I have been advised that some people require more toxin becarecruitment of other facial muscles outside the norm or because first injection will test these differences until a person's specification amounts of Botox or Dysport greater than the average and the	ise of biochemical differences in humans. The fic response is known. Some patients require
I have been advised that potential side effects of these proced A. Discomfort at site of injection B. Bruising (avoid Aspirin or Ibuprofen before injection) C. Uncommon droopy eyelids (PTOSIS) – can last 4 week D. Rare droopy eyebrow E. Rare double vision F. Headaches after injection (can ignore tension headache G. Rare skin rash, nausea, upper respiratory infection, flu-	as (less than 1%)
☐ I am not pregnant	
☐ I am pregnant	

The likelihood of success is <u>high</u> in average patients, although some patients with large or very active muscles (usually men) are resistant.

If a patient sees no response within 30 days, we will retreat for ½ the original price, but a lack of response to the second treatment may mean resistance that cannot be overcome.

Prognosis if treatment repeated: <u>GOOD</u>.

Practical alternatives to procedures to achieve the same results are plastic and reconstructive surgery and in some areas collagen or other filling materials.

I give permission for photos to be taken before and after the procedure for inclusion in my patient records.

I agree to follow any instructions given to me by the doctor or assistant to the best of my ability before, during and after the procedure. I will contact them as soon as possible if any questionable conditions arise. I can reach the doctor or associate by calling (650) 678-4894 during or after office hours.

The instructions include:

- A. I will not touch or rub the injection site for 2-3 hours.
- B. I will remain upright and will avoid rigorous exercise for 2-3 hours after the injection as this activity might allow Botox/Dysport to migrate to unwanted areas producing unwanted results.
- C. I will attempt to move/contract the muscles injected 2 times every 15 minutes for 2 hours after the procedure to increase uptake of Botox/Dysport.

The procedure has been explained to me in a language I can understand. I acknowledge that there are no guarantees concerning the outcome of the procedure in that medicine deals with humans and therefore is not always a predictable science. I understand that in some patients, additional procedures might be necessary to reach optimal results and that will be disclosed to me if predictable.

I have been given sufficient opportunity to ask questions regarding the matters covered above and these questions have been answered to my satisfaction.

Patient	 	 	
Physician			
Assistant	 	 	