



## **BOTOX® COSMETIC PRE-TREATMENT INSTRUCTIONS**

In order to minimize some of the potential side effects associated with BOTOX® injections, it is recommended that certain guidelines be followed prior to treatment. We realize this is not always possible; however, minimizing these risks is always desirable.

- You must be in good health with no active skin infections in the areas to be treated.
- You should not have a fear of needles.
- You should avoid all alcoholic beverages for at least 24 hours prior to treatment. Alcohol may thin the blood which increases the risk of post-treatment bruising.
- You should not be taking anti-inflammatory/blood thinning medications for a period of two (2) weeks before treatment. Medications and supplements such as Aspirin, Vitamin E, Gingko Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other non-steroidal anti-inflammatory drugs are all blood thinning and can increase the risk of bruising/swelling after injections.

**IMPORTANT: CONSULT YOUR PHYSICIAN BEFORE STOPPING ANY OF YOUR REGULAR MEDICATIONS**

- Schedule your BOTOX® appointment at least 2 weeks prior to any special event which may be occurring (eg. wedding, vacation, etc.). This will allow time for any post-treatment bruising to heal.



## **BOTOX® COSMETIC POST-TREATMENT INSTRUCTIONS**

The guidelines to follow post-treatment have been followed for years, and are still employed today to prevent the possible side effect of ptosis (drooping of the eyelids). These measures should minimize the possibility of ptosis.

- Do not do any straining, heavy lifting, or vigorous exercise for 3-4 hours following treatment. BOTOX® takes approximately 2 hours to bind in place. Vigorous movements can interfere with the process.
- Avoid manipulation of treated area for 3-4 hours following treatment. This means that facials, peels and microdermabrasion should be avoided following BOTOX® treatment. A facial, peel, or microdermabrasion can be done at the same appointment provided it is done prior to BOTOX® treatment.
- Facial exercises in the injected areas are recommended for 1-hour following treatment. This is to stimulate the binding of the toxin only to the localized area.
- BOTOX® can take 2-10 days to take full effect. It is recommended that you contact the office 2 weeks after treatment if the desired effect has not yet been achieved.

Makeup may be applied before leaving the office.



**CONSENT TO BOTOX® BOTULINUM TOXIN “A” TREATMENT**

PATIENT: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

BOTOX® is a neurotoxin produced by the bacterium Clostridium A. BOTOX® can relax the muscles in areas of the face and neck that cause wrinkles associated with facial expressions. Treatment with BOTOX® can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes) and c) forehead wrinkles. BOTOX® is diluted to a very controlled solution and, when injected into the muscles with a very thin needle, is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-6 months. With repeated treatments, the results may tend to last longer. Initial\_\_\_\_\_

**RISKS AND COMPLICATIONS**

It has been explained to me that are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, and bruising. 2) Double vision. 3) A weakened tear duct. 4) Post treatment bacterial, and/or fungal infection requiring further treatment. 5) Allergic reaction. 6) Minor temporary droop of eyelid(s) in approximately 2% of injections. This usually lasts 2-3 weeks. 7) Occasional numbness of the forehead lasting up to 2-3 weeks. 8) Transient headache. 9) Flu-like symptoms may occur. Initial\_\_\_\_\_

**PHOTOGRAPHS**

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. Initial\_\_\_\_\_

**PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE**

I am not aware that I am pregnant and I am not trying to get pregnant. I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to Myasthenia Gravis. Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), and Parkinson’s. I do not have any allergies to the toxin ingredients, or to human albumin. Initial\_\_\_\_\_

**PAYMENT**

I understand that this is an “elective” cosmetic procedure and that payment is my responsibility and is expected at the time of treatment. Initial\_\_\_\_\_

**RIGHT TO DISCONTINUE TREATMENT**

I understand that I have the right to discontinue treatment at any time. Initial\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_