

Consent for Botulinum Treatment for Facial Wrinkles

Rationale: I am aware that when small amounts of purified botulinum toxin ("Botox") is injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-4 days and usually lasts four months but can be shorter or longer.

I understand that botulinum neurotoxin can be used to soften the action of several muscles of facial expression. Regions that benefit from this treatment include the glabellar frown lines, the horizontal forehead lines, mild brow ptosis, crow's feet, infraorbital lines, zygomaticus and risorius lines, perioral folds and rhytides and folds including radial lip lines, melomental folds and mouth frown, apple dumpling chin and mental crease. Both vertical and horizontal neck lines respond well to botulinum treatment.

Results and Post-Operative Care:

1. I understand that I will not be able to voluntarily use these muscles while the injection is effective but that will reverse itself after a period of months at which time re-treatment is appropriate.
2. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection for the four-hour post-injection period.

Risks and Complications

Botox treatment of frown lines can cause minor temporary droop of one eyelid in approximately 1% of injections. This usually lasts 2-3 weeks. Occasional numbness of the forehead lasting 2-3 weeks, bruising and transient headache has occurred. In perioral injections, the diffusion of the BOTOX may transiently weaken adjacent musculature.

In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual.

Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both routinely in my formal medical records as well as in scientific publications and presentations made by Dr. de la Torre. I understand my identity will be protected and that I may examine the photographs in my patient chart.

Pregnancy and Neurological Disease

I am not aware that I am pregnant or breast-feeding. I do not have any significant neurological disease.

Payment

I understand that this procedure is cosmetic and that payment is my responsibility.

I have read the above and understand it. My questions have been answered satisfactorily by the doctor and the doctor's associates. I accept the risks and complications of the procedure.

Patient

Signature: _____ Date: ____/____/____

Print

Name: _____ Witness: _____



Dr. Adrian L. de la Torre

34197 Pacific Coast Highway, Suite 102, Dana Point CA 92629
Phone: 949.489.1317 • Fax: 949.489.1178