[PRACTICE LOGO]

[PRACTICE ADDRESS]

BOTULINUM TOXIN (BOTOX/DYSPORT/XEOMIN)

INFORMED CONSENT

This form is intended to provide you with the information needed to make an informed choice on whether or not to have treatment with Botulinum Toxin (Botox/Dysport/Xeomin). If you have any questions, please do not hesitate to ask us.

What is Botulinum Toxin?

Purified Botulinum Toxin (Botox/Dysport/Xeomin) is FDA approved for cosmetic use to minimize frown lines in the glabella area. Botulinum Toxin (Botox/Dysport/Xeomin) works by causing temporary weakness or paralysis of the muscles in the area treated. Often purified Botulinum Toxin (Botox/Dysport/Xeomin) is used "off-label" for non-FDA approved indications, specifically for areas of the face and neck other than the glabella. Your doctor will discuss with you the suggested areas of treatment, some of which will be non-FDA approved or off-label uses.

What you can expect:

The effects of purified Botulinum Toxin (Botox/Dysport/Xeomin) begin to appear in as early as 24 hours, but can often take up to 7 days or more to be fully effective. You can expect some slight swelling and occasionally bruising in areas where the injections are given. Botulinum Toxin (Botox/Dysport/Xeomin) generally lasts between 3 and 4 months, but may have a shorter or longer effective life depending upon your individual physiology. Your physician will discuss the choice of the two different FDA approved toxins, Botox, Dysport or Xeomin. While these toxins work in a similar way, they are not interchangeable. There are differences in the effects of the toxins and individuals who have received Botox in the past may not have exactly the same effects with Dysport or Xeomin. The treatment may not be effective in some individuals. You may also experience temporary asymmetry of your face.

Contraindications to receiving Botulinum Toxin (Botox/Dysport)

You should not have Botulinum Toxin (Botox/Dysport) injected if you are:

1. Allergic to Dysport or Botox or any of their ingredients
2. If you are allergic to cow's milk protein
3. If you had an allergic reaction in the past to any Botulinum Toxin such as Botox, Dysport, or Xeomin.
4. If you have a skin infection at the injection site.
5. If you are pregnant, or if you possibly think you are pregnant
6. If you are breast-feeding

7. Additionally, you should tell your physician about all of your medical conditions, specifically if you have a disease that affects your muscles or nerves such as ALS or Lou Gehrig's disease, Myasthenia Gravis or Lambert-Eaton Syndrome.

Risk and complications: Significant complications from cosmetic use of Botulinum Toxin (Botox/Dysport) are very rare, but risks and complications from the procedure can included the following:

1. Patients can have swelling or bruising at injection sites.
2. Patients may occasionally have numbness lasting 2 to 3 weeks or longer
3. Transient headaches can occur.
4. Toxins have a rare potential to spread from the specific site of injection and in clinical trials approximately two percent of individuals can have a temporary droop of an eyelid. You may also experience temporary asymmetry and eyebrow droop.
5. Rarely patient's may experience temporary blurring or double vision.
6. Additionally, may side effects including death have been reported with the use of Botulinum Toxin (Botox/Dysport) for conditions other than cosmetic use. Primarily these have occurrence in patients including children with cerebral palsy who were injected with much larger doses of Botulinum Toxin (Botox/Dysport/Xeomin) in areas such as the neck, arms, legs, and back. The FDA has clearly indicated that none of these sever complications have been seen in patient's receiving cosmetic Botulinum Toxin (Botox/Dysport/Xeomin). You will be given a patient guide, which outlines all of the known risks for Botulinum Toxin (Botox/Dysport/Xeomin)

IMPORTANT INFORMATION AND CONSENT

I certify that I have read and fully understand the above consent and the explanations concerning the above items that were made to me. I recognize that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees or assurances have been made to me concerning the results of such procedures.

I hereby authorize the taking of photographs and/or videotape by Dr. _____or his representative, with the full understanding that such photographs and/or videotapes may be used for publication, for education, for research purposes, for advertising purposes or in the event of legal action. I hereby transfer and assign to Dr. _____ the exclusive right to use and authorize others to use all or any part of such photographs and/or videotapes for any educational purpose, any advertising purpose, to copy the material onto all other formats and media, and the right to broadcast the program over any television station.

This authorization is considered part of the Privacy Health Care Notice provided to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA). This authorization will remain in effect until we receive written notification to terminate agreement signed and dated by the patient.

CONSENT

By signing below, I acknowledge that I have read the foregoing informed consent regarding treatment with Botolinum Toxin and I feel that the doctor has adequately informed me regarding the risks of toxins, alternative methods of treatment, and the fact that this treatment is not medically necessary. I hereby give consent for treatment with Botulinum Toxin to be performed by Dr. _____or any physician or physician assistant.

Date: _____ _____

_____ _____

PATIENT'S SIGNATURE Patient's representative (if patient is a minor, signature of parent or guardian required).

_____ _____

WITNESS **RELATIONSHIP TO PATIENT**