



# DR. KRISTYNA

## BOTOX CONSENT FORM

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Botox® (Botulinum Toxin type A) is the only FDA approved treatment for the temporary reduction of moderate to severe forehead lines and wrinkles, frown lines and crow's feet. It is accomplished by injecting small amounts of Botox® solution in the area of the wrinkles. Botox® works by temporarily relaxing the facial muscles that are responsible for producing the wrinkling of the facial skin thus producing the appearance of smoother, flatter skin.

**Advisory:** It is recommended that you not take aspirin, non-steroidal anti-inflammatory medication, or any blood anti-coagulants before this procedure. These medications may increase the risk of bruising. If you are able to stop these medications, you should do so one (1) week before the procedure. Patients with certain medical conditions may not have this procedure done. These include those with any type of facial paralysis such as Bell's palsy, Guillain-Barre Syndrome and Myasthenia Gravis. Patients who are pregnant or breastfeeding should not use Botox®.

The effects of the procedure typically last about 3-5 months. Be advised that it is possible for a patient to experience some adjacent facial muscle relaxation in areas other than the intended target muscle. Most common is the effect of ptosis, or eyelid droop. This condition occurs in less than 3% of injections. It is temporary and will usually resolve before the Botox® wears off.

The main side effects after injection are pain from injection and bruising, which are usually minimal and temporary. Localized hypersensitivity to the saline may also occur temporarily. In the 16 years that Botox® has been approved for use, there has never been a reported allergic reaction.

By signing this consent, you agree that you have read the attached information regarding Botox® injection, understand that the use of aspirin, non-steroidal anti-inflammatory drugs or blood thinning medication within the last 3 days, may increase the risk of post-injection bruising. You understand the procedure and its side effects. The personnel at OGA have been provided with a thorough and truthful medical history. Additional injections may be necessary, for which OGA will charge a retouch fee, if optimal effect is not reached in 10 to 14 days. Botox® has only a temporary effect that lasts approximately 3-5 months and you will need to repeat injections 3-4 times a year to continue the effect.

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You certify that you have read the above consent and fully understand it and the decision to proceed is based solely on information in this informed consent. You have been given ample opportunity for discussion and all of your questions have been answered to your satisfaction. You hereby consent to the treatment or care described in this document. You hereby assume all Risks, hazards and costs of care or expense associated with or which may arise from such treatment, hereby releasing the personnel and consultants and any sponsoring health care facility or institution and its affiliates and all of their agents and employees from any liability from said treatment except where such risks and hazards are the proximate result of gross negligence. This constitutes the full disclosure and supersedes any previous verbal or written disclosures, advertising or marketing materials prepared by us or other. It is understood that our programs are specialty services and do not have responsibility for your comprehensive medical care.

If you have any medical problems that arise while participating, please keep us informed. If an urgent medical problem should arise and you have a concern that it may be related to your care, please contact the surgery or your local GP.

Patient Signature & Date

Clinician Signature & Date

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