West Valley dermatology

Jesse D Jensen, DO

INFORMED CONSENT FOR THE TREATMENT OF FACIAL LINES /WRINKLES WITH BOTOX®

***Diagnosis**: Facial lines and/or wrinkles caused by aging, heredity, gravity, sun damage, muscle action, smoking or other factors. Muscles of facial expression can cause and worsen lines and wrinkles by intentionally making an expression.*

The treatment plan is to inject a small amount of Botox®, a purified neuro-toxin, into a targeted facial muscle to intentionally produce weakness or paralysis of that muscle. This results in the relaxation of the muscle and improvement of the lines and wrinkles that the targeted muscle action produced. The response is usually seen in 7 to 10 days after injection. It is common for the muscle action along with the associated wrinkles to return in 3 to 4 months, but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual.

- I understand that fewer facial expressions will be possible after my injections with Botox.
- I understand that I should stay upright and not lie down for 4 hours after injection.
- I understand that I will not massage the injected sites for at least 4 hours.
- I understand that it may be beneficial to exercise the injected muscle for up to 30 minutes after injection.

Side effects of Botox may include but are not limited to headache, bruising, pain during injection, asymmetry, twitching, numbness and in a small number of cases, drooping of the eyelids or eyebrows. The injection may not work for as long or as well as expected.

- I am not pregnant, nursing or have any neurological diseases.
- I am not taking Amino glycoside antibiotics, Penicillin, Quinine or Calcium Channel Blockers, which may potentiate the effect of Botox®.

The injection of Botox® for this purpose has been explained to me and my questions regarding such treatment, its alternatives, (such as dermabrasion, chemical peeling, laser resurfacing, dermal filler injections, face-lifting, brow lifting and other surgery, Retin-A, Renova or alpha hydroxy acids) its complications and risks have been answered by the doctor or her representative.

I agree to follow up with Dr. Jensen at his recommended intervals to assess my status and to inform him of any problem that I may be having and allow him to see me at that time. *Any additional Botox® needed will be charged at the price per unit.*

My questions have been fully answered and I have read this document and understand its contents. Due to the fact this procedure is cosmetic, I understand that I will be completely responsible for all charges at the time of treatment and payment is due at the time of service. I hereby give my informed consent for the procedure.

_____ _____ _____

Patient Name Signature Date

_____ _____

Witness Date