

Plastic Surgery Institute of Ohio LLC

C O N S E N T

PATIENT: _____

PROCEDURE: **BOTOX**[®] AREA OF TREATMENT: _____

TO THE PATIENT: You have the right to be informed about your treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you. It is simply an effort to better inform you so that you may give or withhold your consent for the treatment program.

Botox[®] Cosmetic is contraindicated in the presence of infection at the proposed injection site(s). Patients with any neuromuscular disorders such as ALS, myasthenia gravis or Lambert-Eaton syndrome may be at increased risk of serious side effects.

I have requested that Jared C. Storck, D.O., attempt to improve my facial expression lines with Botox[®]. This is the trademark for botulinum toxin. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasm of the facial muscles. This toxin has also been useful to correct double vision due to muscle imbalance.

The solution is injected with a small needle into the muscle. You see the benefits develop over the next three to five days. Injection of minute amounts weaken the muscle and prevent frowning, crow's feet, and expression lines. Although the results are usually dramatic, I have been informed that the practice of medicine is not an exact science and that no guarantees can be made or have been made concerning expected results in my case.

Side effects and complications have been minimal. Occasionally, slight swelling and/or bruising may occur and could last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after an injection. The most common side effects following injection include: headache, respiratory infection, flu syndrome, temporary eyelid droop and nausea. I have been advised of the risks involved, the expected benefits of such treatment and alternative treatments, including no treatment at all.

I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

Staff initials

Patient signature

Date
