



## Seaside Medical Practice

Where our focus is you

### Botulinum Toxin (BTA) Informed Consent

You are being asked to sign a confirmation that we have discussed the nature of your condition, your contemplated medical procedure, the general nature of the proposed treatment, the request of the proposed treatment, the prospects for success, the reasonable therapeutic alternatives to the treatment, and the risks of such alternatives. Your physician or representative has discussed with you the common problems or risks. You are also being asked to sign a confirmation that you have been given the opportunity to ask whatever questions you may have and that your questions have been answered in a satisfactory manner.

### Risk of Treatment

Common side effects include headache, bruising, pain during injection, asymmetry, twitching, numbness, and drooping of eyelids or eyebrows, dry eyes or mouth, tiredness, trouble with vision, or inadequate correction. The injection of BTA is a cosmetic procedure the FDA has approved only for wrinkle reduction in the glabellar and crow's feet region. Injection into other areas is considered off-label use. In rare cases of nerve or muscle condition, a serious side effect may include difficulty swallowing or breathing.

### Written Understanding

I request and consent to treatment for BTA's, Botox/Dysport/Xeomin, a purified Neurotoxin produced by the Clostridium Botulinum bacteria

By \_\_\_\_\_, licensed medical professional, into a targeted facial muscle to intentionally produce weakness or temporary paralysis of the injected muscle. Response is usually seen in 2 to 6 days after injection. Repeat injections are necessary to maintain the effects received.

These products should not be used by patients with allergies to BTA's, or in areas of active infection. Patients taking aminoglycoside antibiotics, penicillin or quinine, should use caution when using these products.

I hold Seaside Medical Practice and its representatives harmless and hereby release the doctor, the person performing the injection and the facility from liability associated with this procedure. I agree to post-injection follow up examination with this medical professional at their request.

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PATIENT SIGNATURE

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DATE