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BOTOX OR DYSPORT CONSENT FORM

Botox or Dysport is a trade name for the injectable medication, Botulinum toxin. This medication has been used successfully for more than three decades in children and adults to correct facial muscle spasm (“tics”), other muscle spasms such as writer’s cramp and to correct double vision due to muscle imbalance. Its use has increased to include reducing facial frown and smile lines with the goal of improving one’s appearance. Minute amounts of Botox or Dysport relax and weaken those facial muscles responsible for “dynamic wrinkles”. Dynamic wrinkles come and go when we smile, laugh or frown, these include crow’s feet, frown lines and forehead lines. *Dysport should not be used in patients who have a known allergy to cow’s milk protein.*

Because the medication is precisely given with a very fine needle, muscles that cause wrinkles can be targeted while nearby muscles are spared. The muscles will relax within the next five to seven days and less frowning will be possible. Repeat sessions may be needed until you are completely satisfied. The results usually last for three to six months. Then, additional treatments are needed. It is important that you understand that this treatment is not meant to improve the appearance of “static wrinkles” that are present when our facial muscles are relaxed. It is also important that you understand that this is not a permanent treatment for your dynamic wrinkles. If you are pleased with the result of your treatment, you may continue to receive injections indefinitely.

Although side effects and complications are uncommon, by placing my initials next to the following, I understand that they may occur.

- _____ 1. Bruising or swelling of the skin at the injection site is common but usually mild and usually resolves in a day or two, but may last one or two weeks.
- _____ 2. Infection is a theoretical risk with any injection but significant infection has not been reported despite ten of thousands of injections performed over the past decade.
- _____ 3. “Laugh lines” or “crow’s feet” are the fine wrinkles that radiate out from the corners of the eye. Since Botox or Dysport is placed near muscles involved in smiling, asymmetry of facial expression may occur although this is unlikely. Because the treatment is reversible, in the unlikely event that this side effect occurs, it will completely resolve.
- _____ 4. There are two small muscles that cause us to look angry or worried by creating horizontal or vertical wrinkles above the nose and between the eyes. Injections of these muscles can greatly smooth or eliminated these “frown lines”. Two other muscles that are located nearby are the “ frontalis” and the “levator palpebrae”, important in lifting the eyebrows and the upper eyelid. Therefore, if these muscles are affected by injections, one might have a temporary drooping of the eyebrows or upper eyelid. This is uncommon and if it occurs will completely resolve. Double vision can also rarely occur.
- _____ 5. Forehead lines are the horizontal wrinkles that travel across the forehead. The muscle that is injected for this condition is the frontalis and, as noted above, relaxation of this muscle can sometimes cause asymmetry or drooping of the eyebrows.

Because individual responses will vary, results cannot be guaranteed. If you have any questions regarding the treatment or if you do not understand anything discussed above, your doctor will be glad to clarify any of the points mentioned. Our goal is to provide you with the best possible care so that you will be pleased with the results of your Botox or Dysport treatments. I also understand that use of Botox or Dysport for this treatment is FDA approved substance for upper face only.

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My signature certifies that:

1. I have discussed the above material thoroughly with Dr. _____ and I understand the goals, limitations and possible complications of a Botox or Dysport treatment.
2. I have reviewed the Botox or Dysport handout including the Medication Guide for Botox and Botox Cosmetic.
3. I wish to proceed with the treatment and authorize and direct Dr. _____ to perform this treatment on me and/or any additional therapeutic procedure that his/her judgment may dictate to be advisable, reasonable or necessary for the patient's well being.

Patient's Signature _____ Date _____

Witness _____ Date _____