

REYNOLDS  
ORAL & FACIAL  
SURGERY



**CONSENT FOR BOTOX INJECTION**

**Patient's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE CHECK EACH BOX AFTER READING. If you have any questions please ask your doctor.**

- I authorize Dr. Reynolds/Dr. Auble to perform the following procedure(s): Injection of Botox in the following facial areas: between eyebrows, forehead, lateral eye area (crow's feet) other: \_\_\_\_\_
- This procedure may temporarily diminish the look of minor skin wrinkles caused by muscle groups.
- The possible alternate methods of treatment (if any), include: nothing, blepharoplasty, face or brow lift surgery, chemical peels, lasers, injection of filling material or other skin treatments. \_\_\_\_\_
- I understand that there are certain inherent and potential risks and side effects of any surgical procedure and in this specific instance such risks include, but are not limited to:
  - Botox is a substance originally used for treating muscular disorders of the eye, but has also been found useful as a reversible muscle relaxant. As such, it may be used to temporarily relax certain facial muscles, thus having a cosmetic effect by smoothing certain facial wrinkles ("Crow's feet" and other lines of expression).
  - The effect of Botox begins in a few days and lasts for up to 3 months, at which time retreatment is necessary to gain a similar muscle relaxant effect. Occasionally, "touch-up" injections may be required for full effect. Studies have shown that, in rare cases, a patient may develop antibodies to Botox in as few as three doses, thereby reducing its effectiveness. Thus, Botox may occasionally not have the planned effect or the results may not be as anticipated.
  - Allergic reactions, including rash, itching, local swelling, or more severe reactions.
  - Botox contains albumin from human blood, to which certain individuals are allergic. **If you have had adverse reactions to certain immunizations or are allergic to eggs, you should not use Botox.**
  - The effects of Botox are potentiated (increased) when patients are taking certain antibiotics (aminoglycoside derivatives) and other drugs that interfere with neuromuscular transmission. Be sure to advise your doctor of all medications you are taking or have recently taken.
  - Because Botox contains human albumin, there is a remote chance of transmission of serious viral diseases. This complication has never been identified, but it is possible.
  - Bruising may be possible, especially if Botox is used around the eye area. Typically, these discolored areas disappear with time.
  - If used around the eye, Botox may cause difficulty in closing eyelids tightly. The result may be corneal exposure with resultant drying, potential ulceration and visual complications. The affected eyelid may droop. Protective patching and/or medication may be required until this complication has passed.
  - The safety of Botox in pregnant women or nursing mothers has not been established. Please advise your doctor if there is any chance you might be pregnant.
  - Other: \_\_\_\_\_

**ADDITIONAL AGREEMENTS AND AUTHORIZATIONS**

- I understand smoking is extremely detrimental to the healing process. **I agree to cease all use of tobacco for 6 weeks prior to and 6 months after surgery and to make strong efforts to give up smoking entirely.**
- Recognizing that during the surgery some unforeseen condition may be discovered that may necessitate a change in approach or different procedure from those explained above, I authorize Dr. Reynolds/Dr. Auble to perform such procedures as are necessary and advisable in the exercise of his professional judgment.
- No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there exists a risk of failure, relapse, selective retreatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that the treatment would be helpful, and I have weighed the risk with the proposed benefits.

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- I have discussed my past medical history with the doctor and have disclosed ALL diseases and medications, including alcohol and drug use past and present.
- I agree to cooperate completely with the recommendations of Dr. Reynolds/Dr. Auble, realizing that lack of cooperation may result in a less than optimal result.
- I have reviewed / viewed pre-operative and post-operative instructions.

I certify that I have had an opportunity to read and fully understand the terms within the above consent and the explanation made, and that all blanks or statements requiring completion were filled in, and any inapplicable paragraphs were stricken before I signed. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the procedure.

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Patient's (or Legal Guardian's) Signature \_\_\_\_\_ Date \_\_\_\_\_

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Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_