



415 BUSINESS PARK LANE, ALLENTOWN, PA 18109 | 610-844-7229

INJECTION OF BOTULINUM A TOXIN

Botulinum A Toxin (Botox) is used in the cosmetic treatment for glabellar frown lines (wrinkles between the eyebrows), forehead lines, and crow's feet (lines around the lower eyes.) Botulinum A Toxin (Botox) is approved by the Food and Drug Administration (FDA) for the treatment of eyelid spasm, muscle spasm causing crossed eyes, correcting one-sided facial muscle spasms, as well as the cosmetic treatment of glabellar frown lines. Although used for cosmetic treatment for forehead lines and crow's feet, Botulinum A Toxin (Botox) is not yet approved by the FDA for that purpose.

Injection of this material into the small muscles between the brows, in the forehead, and at the corners of the eyes causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. This paralysis is temporary, and reinjection is necessary within three to ten months to maintain the result. Options for alternative treatment include injection of either collagen or free fat, or the surgical excision of the muscles, usually through a brow-lift incision. Complications are rare, but may include paralysis of a nearby muscle resulting in temporary loss of function (i.e. drooping eyelid.)

CONSENT

I, _____ understand that _____ will inject Botulinum A Toxin (Botox) into the glabellar, forehead or crow's feet muscles to paralyze these muscles temporarily.

I understand the goal is to decrease the wrinkles in that area. I understand that complications are rare, but may include temporary paralysis of other nearby muscles, headache, local numbness, rash and bruising.

It has been explained to me that other temporary and more permanent treatments are available. I understand there is no guarantee of results of any treatment.

I understand that the FDA has approved Botulinum A Toxin (Botox) for problems concerning the eye and face, including treatment of glabellar frown lines, but not for other cosmetic uses.

I agree to have both pre and post operative photos taken for my record and for patient education purposes. My name will not be used on any such photographs.

I have read this entire information sheet and authorize Michelle Balbi, RN to inject Botulinum A Toxin (Botox) into the muscles determined appropriate to improve my wrinkles.

Nurse Injector _____

Signature _____ Date _____

Witness/Nurse Signature _____