

**Avante Laser at Urban Retreat
Botox® Consent Form**

Patient _____ Date _____

To the Patient: The purpose of this disclosure is to inform you, the patient, of the treatment and any risks that have the possibility of occurring. This will enable you to make a decision regarding your skin and treatment process.

I _____ give permission to Avante Laser at Urban Retreat/ Jeanne Southerland, M.D., to treat my facial expression lines with Botox™. Although Botox™ injections are very successful, results do vary by client and cannot be guaranteed.

Botox® is a trademark for botulinum toxin. Botox has been successfully used for more than a decade in many patients, including children, for the improvement of facial muscle spasms. It has also been useful in correcting double vision caused by muscle imbalance.

Injections of minute amounts of Botox weaken the muscle and prevent frowning, crow's feet and expression lines. Side effects and complications are minimal. As with any injection, there can be temporary pain, swelling, redness, bruising, headache or local discomfort. On rare occasions, patients reported a slight lowering of an eyelid (ptosis), or a slight lowering of the forehead. This is temporary and resolves in a few weeks. It is possible to have an uneven or incomplete response to treatment. Because Botox reduces the action of the muscles, a patient with neuromuscular disorders should inform his/her doctor before consenting to treatment. Botox should not be administered during pregnancy.

Initials _____

I understand that Botox results are not permanent. Treatment needs to be repeated approximately every 4 months to maintain desired results.

Initials _____

I agree that this constitutes full disclosure, and it supersedes any previous verbal or written disclosures. I have read and understand the effects of Botox and I have had sufficient opportunity for discussion and questions.

Patient Signature

Witness

Date