

CONSENT TO BOTULINUM TOXIN TREATMENT

1. I hereby request and authorize Steven M. Rotter, M.D. to perform a procedure upon me on or about the _____ of _____ 20_____, for the purpose of attempting to improve the appearance with respect to the following conditions: _____.
2. I am aware that when small amounts of purified botulinum toxin ("BOTOX®") is injected into a muscle it causes weakness or paralysis of that muscle. This appears in 3-4 days and usually lasts 4 months, but can be shorter or longer. Initial _____
3. I understand that I will not be able to move the muscle(s) that have been injected, but this will reverse itself after a period of months. At that time retreatment is appropriate. Initial _____
4. I understand that I must stay in the erect posture and that I must not manipulate the area of the injections for 4 hours from the time of injection. Initial _____
5. I agree to pay the sum of _____ for one area and _____ for each additional area done at the same time. The state price above is valid for one year from date of this consent
6. I understand that this is a cosmetic procedure, and that there **WILL BE NO SUBMISSION OF CLAIMS TO MY INSURANCE COMPANY. I UNDERSTAND THAT THERE ARE NO FREE TREATMENT SESSIONS.** Initial _____
7. **I ALSO UNDERSTAND THAT IF MORE THAN ONE TREATMENT IS NECESSARY, EACH ADDITIONAL TREATMENT WILL HAVE AN ADDITIONAL CHARGE.** Initial _____
8. Dr. Rotter will determine if a touchup is needed one month after the initial Botox® treatment. There are no added charges for touch ups, if they are within six weeks. Initial _____
9. **BOTOX® treatment can cause minor temporary droop of one or both eyelids in a small percentage of injections. This usually lasts approximately 3 weeks.** Occasional numbness of the forehead lasting about 3 weeks, bruising, transient headache, and transient flattening of the eyebrow arch have occurred. In a small number of individuals, the injection does not work as satisfactorily or for as long as usual. The effect and nature of the procedure to be performed, risks involved, as well as possible alternative methods of treatment, have been fully explained to me. Initial _____
10. I am not pregnant nor do I have any significant neurologic disease. Initial _____
11. I know that the practice of medicine and surgery is not an exact science and that therefore reputable practitioners cannot guarantee results. I acknowledge that no guarantee has been made by anyone regarding the operation, which I have requested and authorized. Initial _____
12. I authorize Steven M. Rotter, MD and assistants to perform any other procedures, which he may deem necessary or desirable in the course of the procedure to improve the outcome or for any unforeseen condition. Initial _____

Date : _____ / _____ / _____

Signed

