



BOTOX CONSENT FORM

I hereby authorize Kingwood Skin Essentials or any delegated associates to treat my facial lines with BOTOX. I understand that although BOTOX injections are successful, results do vary by Client and cannot be guaranteed. _____ (Initials)

I am aware of the following:

- BOTOX is a trademark of 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 also has 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 and 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 muscles, a patient with neuromuscular disorders should inform his/her doctor before consenting to treatment.
- BOTOX should not be administered during pregnancy.

The following points have been discussed with me and I understand:

- BOTOX results are not permanent.
- Treatment needs to be repeated approximately every four months to maintain desired results.
- Potential benefits of the proposed procedure
- Possible alternative procedures such as electrolysis, waxing, plucking and depilatories
- Probability of success
- Most likely possible complications/risks involved with the proposed procedure and subsequent healing period
- Post-treatment instructions

For women of childbearing age: By signing below I indicate that I am not pregnant. Furthermore, I agree to keep Dr. Browning and staff informed should I become pregnant during the course of treatment.

ACKNOWLEDGEMENT

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

I understand and acknowledge that payments for the above procedure are non-refundable. By my signature below, I certify that I have read and fully understand the contents of this permission form for treatment of BOTOX, and that the disclosures referred to herein were made to me.

Signature-Patient or Guardian

Print Name/Relationship

Date

Signature-Witness

Print Name

Date