BOTULINUM TOXIN TREATMENTS

CLINICAL POLICIES AND PROCEDURES

SECTION 1

PRE-PROCEDURE QUESTIONAIRE FOR BOTOX INJECTIONS

Patient Name: _____ Date: _____

History

Do you have:

Hypersensitivity to Botulinum A toxin products	□ Yes	□ No
Infection at the proposed injection site(s)	□ Yes	□ No
Bleeding Disorders	□ Yes	□ No
Cardiac Disease	□ Yes	□ No
Active Skin Disease	□ Yes	□ No

Do you or a family member have:

Amyotrophic Lateral Sclerosis	□ Yes	□ No
Motor Neuropathy	□ Yes	□ No
Myasthenia Gravis	□ Yes	□ No
Lambert-Eaton Syndrome	□ Yes	□ No
Facial Nerve Palsy	□ Yes	□ No

Are you:

Pregnant	□ Yes	□ No
Breast-feeding	□ Yes	□ No

Medications

Do you take or have recently been on any of the following medications:

Warfarin or Anti-Platelet Agents	□ Yes	□ No	Quinidin	□ Yes	□ No
Aminoglycosides	□ Yes	□ No	Magnesium Sulfate	□ Yes	□ No
Curare-like Nondepolarizing Blockers	□ Yes	□ No	Anticholinesterases	□ Yes	□ No
Lincosamides	□ Yes	□ No	Succinylcholine Chloride	□ Yes	□ No
Polymyxins	□ Yes	□ No			

Physical

Glabellar lines smoothed out by physically spreading them apart	□ Yes	□ No
Skin infection at site of injection	□ Yes	□ No
Evidence of muscular atrophy	□ Yes	□ No
Evidence of petechia or bruising	□ Yes	□ No
Facial Asymmetry	□ Yes	□ No
Ptosis	□ Yes	□ No
Deep dermal scarring	□ Yes	□ No
Thick sebaceous skin	□ Yes	□ No
Dermatochalasis (excessive redundant skin)	□ Yes	□ No

Physician/P.A. Signature: _____ Date: _____

BRIEF MEDICAL HISTORY AND INFORMED CONSENT

Name_____Phone_____Age_____Ht_____Wt_____
Address_____City/State_____
Zip_____

MEDICATIONS:_____

ALLERGIES:_____

Women: Are you Pregnant?_____
Physician's
Name_____
\
Circle any of the following illnesses you have or have ever had in the past:

Myesthenia Gravis	Hepatitis	Eye Disease	Autoimmune Disease
Vision Problems	Numbness	Muscle Weakness	Amyotrophic Lateral Sclerosis (ALS)

Explain: _____

Previous Hospitalizations/Operations:

_____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my health I will report it to the office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.
Patient
Signature_____Date_____

CONSENT TO BOTULINUM TOXIN "A" TREATMENT

Botox® a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face and neck that cause wrinkles associated with facial expressions. Treatment with Botox can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation

while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-6 months. With repeated treatments, the results may tend to last longer.

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to : 1) Post treatment discomfort, swelling, redness, and bruising, 2) Post treatment bacterial, viral, and/or fungal infection requiring further treatment, 3) Allergic reaction, 4) Minor temporary drop of eyelid(s) in approximately <1% of injections, this usually lasts 2-3 weeks, 5) Occasional numbness of the forehead lasting up to 2-3 weeks, 6) Transient headache, and 7) Flu-like symptoms may occur.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant, have any significant Neurologic disease, or have any allergies to the toxin ingredients, or to human albumin.

RESULTS

I am aware that when small amounts of purified botulinum ("BOTOX®") are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 3-4 days and usually lasts 3-6 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. I understand that I will not be able to "frown" while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection for the four hours post-injection period.

I hereby voluntarily consent to treatment with Botulinum Toxin Type A injection for the condition known as: Facial Dynamic Wrinkles. The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

Patient Signature Date Witness Signature Date

BOTULINUM TOXIN, TYPE A POST TREATMENT INSTRUCTIONS

- Avoid lying down for several hours following treatment.
- Facial exercise in the area of treatment is recommended [frown/smile 1 hour].
- Avoid manipulation of the area the first four-hours after procedure.

Note: These measures should minimize the possibility of ptosis.

- Treatment effect may take 3-8 days to appear.
- **The benefits may last 3-6 months, the average is 4 months.**
- A touch-up may be necessary in 1-2 weeks.
- Contact the practitioner as soon as possible after the eight [8th] day if you have not received the desired effect.