The Naderi Center - Patient Consent Form for "Neurotoxin"

To the patient: Being fully informed about your condition and treatment will help you make the decision whether or not to undergo BOTOX® Cosmetic &/or Dysport ™ treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment. I have requested that Dr. Shervin Naderi, Dr Anderson, and/or Dr. Jessica Kulak attempt to improve my facial lines, brow position, gummy smile, neck bands, excess sweating, or jaw width with BOTOX® Cosmetic &/or Dysport ™. Botox is the trademark for Onabotulinumtoxin-A. Dysport is the trademark for Abobotulinumtoxin-A. These types of injections have been used for more than a decade to improve spasms of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. BOTOX® Cosmetic &/or Dysport ™ is approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of BOTOX® Cosmetic &/or Dysport ™ relax overactive muscles and soften those vertical lines. Injections in other areas to improve appearance of facial lines have been commonly used & reported in the literature, but these are "off label" uses and not approved nor studied by the FDA. The results of BOTOX® Cosmetic &/or Dysport ™ are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. Static permanent lines at rest will not be erased with BOTOX® Cosmetic &/or Dysport TM alone.

The BOTOX® Cosmetic &/or Dysport ™ solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next seven to fourteen days. A decreased appearance of frowning or creasing or other lines will be the result of this treatment. "Dynamic" lines should soften but permanent "static" lines may not improve. New lines may form or be more visible. Brow position may change.

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid &/or brow droop,double vision, and nausea. BOTOX® Cosmetic &/or Dysport TM should not be used if there is an infection at injection site. Additionally, bruising may occur at the injection site. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all, lasers, surgery, etc. The safety of BOTOX® Cosmetic &/or Dysport TM in pregnant or breast-feeding women has not been established, and is therefore not recommended for these women.

I understand that the results are temporary and repeat sessions are needed every 3 months on average for optimal results. I also understand that I may require more Botox or Dysport (higher dose) for optimum results and I may be responsible for additional fees.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this BOTOX® Cosmetic &/or Dysport TM treatment today, and for all subsequent treatments. I understand that further information is available upon my request. This consent is valid indefinitely unless revoked in writing.

X	X
Patient Signature	Today's Date
X	X
Print Patient's Name	Witness Signature