

Advanced Aesthetic

PERMISSION FOR BOTOX™ INJECTIONS

Do not sign this form until you have read it carefully and fully understand its contents.

Patient Name _____

Injection of Botulinum A Toxin (Botox™)

The following points have been discussed with me:

1. The mode of action of the treatment. Botox™ injection is used in the cosmetic treatment for glabellar frown lines (between the eyebrows), forehead lines, neck lines, crow's feet (around lower eyes) and significantly decrease excessive sweating.
2. The proposed benefits of treatment. Injection of this material into the small muscles will cause them to temporarily halt their function, thereby improving the appearance of the wrinkles. This response is temporary, and re-injection is necessary within three to ten months to obtain the desired result.
3. The probability of success. Botox™ injections are a common procedure that is safely performed in thousands of patients annually. Complications are rare but may include temporary paralysis of other nearby muscles, headache, local numbness, rash and bruising.

ACKNOWLEDGMENT

I understand that Botox™ injections are not an exact science and that no guarantee or assurances can be given to me concerning the results of this procedure. Alternative means of treatment have been explained to me and I understand that I have the right to refuse the treatment.

I understand the FDA has approved Botulinum A Toxin (Botox) for cosmetic wrinkle reduction.

I authorize the taking of photographs before and after the Botox™ injections. I understand that these photographs may be used for medical education, research and documentation of the medical record. My name will not be used on any such photographs.

I consent to allow the medical personnel at Advavnced Aesthetic under the supervision and control of Dr. Bitter Jr., to proceed with Botox™ injections. I understand that the medical personnel and other assistants will rely on statements made by me to determine that the procedure is safe and effective.

By signing this form, I acknowledge that I have read this form, that I fully understand its contents, and that I have been given ample opportunity to ask questions and that all questions have been answered to my satisfaction. I understand that I can call or return to the office at any time to ask for more information from the doctor or his staff.

I certify that I am a competent adult of at least 18 years of age and acknowledge that the following procedure has been described to me to my satisfaction.

Patient

Witness

Date