

# **CONSENT FORM**

**Contraindications:**You cannot receive Botox/Dysport if you are in the following categories :

**Pregnant or Breast Feeding**

**Neuromuscular disorders/Myasthenia Gravis/Eaton Lambert Syndrome**

**Blood Coagulation Disorders or taking anticoagulants.**

**Currently taking Aminoglycoside antibiotics,Spectinomycin or Muscle relaxants.**

**Potential Side Effects(temporary)**

**Bruising /Swelling/Redness at injection site**

**Nausea/Headache**

**Occasional numbness**

**Drooping of the Eyebrow or upper Eyelid**

**Allergic reactions**

**Brief visual disturbances**

**Consent for Botox/Dysport Treatment**

**All foreseeable risks of Botulinum toxin therapy listed above have been thoroughly explained to me.My questions regarding the treatment procedure,its potential side effects and contraindications were answered to my full satisfaction. I also had adequate time to consider my decision.**

**I understand that I am free to revoke my consent at any time.**

**I consent to the administration of Botox/Dysport and have been given after care instructions.This consent form is also signed for future administration of Botox/Dysport.**

**Patient's Name..... Date.....**

**Signature of Patient.....**

**Witnessed by (Signature of Physician).....**

