

## BOTOX® Cosmetic Botulinum Toxin Type A

I, \_\_\_\_\_, Authorize \_\_\_\_\_,  
and/or a designated practitioner of Dr. Alan Burke – Virginia ENT to perform Botox Injections.

BOTOX® Cosmetic is an FDA approved neuromodulator used to improve the appearance of the vertical lines between the brows by relaxing overactive muscles and soften lines. Injections in other areas to improve appearance of facial lines have been reported in the literature, but the FDA has not approved those uses. This is the Allergan Inc. trademark for Botulinum Toxin Type A. The solution is injected with a tiny needle into the muscle; you should see the benefits develop over the next 7-10 days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment. I understand that the results are temporary, and several sessions may be needed for optimal results (maintenance usually every 3-4 months).

### Common Side Effects & Risks

The most common side effects are headache, respiratory infection, flu syndrome, temporary eyelid droop, and nausea. BOTOX® Cosmetic should not be used if there is an infection at injection site. Additionally, slight temporary bruising may occur at the injection site. There are many variables which influence the long-term result. Additional procedures may be necessary to further enhance results or treat any unforeseen complications. There is no guarantee on the results that may be obtained.

### Photography

I do \_\_\_\_ or do NOT \_\_\_\_ consent to photographs and other materials over the course of my therapy be used for medical, marketing, and educational purposes. Although the materials will not contain my name or any other identifying information, I am aware I may or may not be identified by the photos.

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- ☐ I understand this involves payment, and the fee structures have been explained.
- ☐ I understand there are other options for treatment that are available, which have been explained.

I have read and understood all information presented to me before signing this consent form. The staff gave me the opportunity to answer my questions to my satisfaction. I understand the procedure and accept the risks. I agree to the terms of this agreement.

**Patient's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_