

INFORMED CONSENT FOR BOTOX (BOTULINUM TOXIN TYPE A)

This is an informed consent document that has been prepared to help inform you concerning botulinum toxin injections and the risks involved. It is important that you read this information carefully and completely. Please sign the consent form, indicating that you have read the pages and agree. A patient's choice to undergo an elective procedure should be weighed up using a risk benefit ratio. You are encouraged to express any concerns you have about the procedure with your medical practitioner before your treatment. By signing this consent form you have read, understood and fully agree to our Terms and conditions; www.dermisclinics.co.uk/terms-conditions/

BOTOX injections involve a series of small injections in order to weaken the chosen muscles for example on the brow or below the eyes. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 10-14 days. Results can last 3-6 months. The procedure can be repeated after 3 months; however, injections given less than 3 month intervals may reduce the efficacy of the injections.

RISKS OF BOTOX INJECTIONS

Every procedure involves a certain amount of risk, and it is important that you understand that risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your practitioner to make sure you understand the risks, potential complications, and consequences of BOTOX injections.

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after the procedure. Do not take any aspirin or anti-inflammatory medications for ten days prior to your BOTOX injection appointment.

Bruising: Following this procedure, it is not uncommon to bruise at the injection site.

Infection: Infection is unusual. Should an infection occur, additional treatment including antibiotics may be necessary.

Allergic reactions – In rare cases, local allergies to topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. **Drooping of the eyelids (Ptosis) –** This is rare but transient complication occurring in 1-2% of patients. The incidence can be minimised by positioning post injections. Very rarely BOTOX injections can cause difficulty, speaking, eating and breathing it may cause temporary and permanent facial paralysis.

Unsatisfactory outcome & refund policy There is a possibility that your expectations will not be met from the treatment provided. The procedure may result in visible deformities, loss of function and/or loss of sensation. You may be disappointed with the results of the procedure. We strictly do **not** provide refunds for treatment received. In signing this form you agree that I have read and understood the terms and conditions on www.dermisclinics.co.uk/terms-conditions/

To help us assess that we have listened to, and responded to, your concerns and preferences and have given you sufficient information in the way that you want and can understand it would be helpful to confirm the following statements:

1. I can confirm that I understand the treatment proposed and any relevant alternatives and I am willing to proceed.
2. I have had sufficient time to appreciate the risks involved and in particular I can confirm the clinical team/clinician has worked with me to understand and discuss those risks to which I would attach particular significance.
3. I am of the opinion that my request for treatment is for medical reasons and/or the personal psychological features that are associated with my request. I have expressed my thoughts and feelings to the treating doctor and consent to the treatment for the purpose of restoring and maintaining my health and psychological wellbeing.
4. I have read this in conjunction with the information provided and I have had the potential risks and side effects associated with my treatment fully explained to me.
5. I acknowledge and understand that no guarantee or assurance can be made on the results I will get from the treatment.
6. I consent to the taking of photographs in the course of this procedure for the purpose of assessing my progress.
7. I understand and agree to these Terms and Conditions. Whilst acknowledging the information provided to me.
8. I am satisfied that I have sufficient knowledge of the treatment to give my informed consent.

PATIENT SIGNATURE:

DATE:

I confirm that I have discussed the treatment plan with the above patient and undertake treatment with the purpose of restoring or maintaining health, including the psychological wellbeing of my patient. I also confirm that I accept duty of care for my patient and the standard of care as set out by the GMC in Good Medical Practice/NMC/IMC/IDC/GOC Guidelines. In doing so, I recognise my primary purpose and undertaking is to place the health and wellness of my patient as my first concern.

PRACTITIONER SIGNATURE:

DATE: