

Ms. Sue's

Med Spa

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Gallatin, TN 37066

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Botulinum A Toxin Patient Advisory and Consent

Botulinum A toxin injection is used in the cosmetic treatment of facial lines. When injected into a muscle. This material causes temporary paralysis of that muscle.

Injection of this material into the small facial muscles causes those specific muscles to halt their function (be paralyzed), thereby improving the appearance of the wrinkles. This paralysis is temporary, and re-injection is necessary within three to five months to maintain effect.

Options for alternative treatment include injection of collagen, free-fat or surgical excision of the muscles, usually through a brow-lift incision. This procedure is not a medical necessity and I may choose to do nothing.

Complications are rare but may include paralysis of a nearby muscle, resulting in that muscles temporary loss of function (e.g., a drooping eye lid), and facial asymmetry.

Patient Consent

I, _____, understand that Sue Pittman, RN and/or Brenda Ruhl, RN will inject Botulinum A toxin into the facial muscles to paralyze these muscles temporarily to decrease wrinkle lines.

I understand the goal is to decrease wrinkles. I understand that complications are rare but may include paralysis of the nearby muscles, headache, nausea, rash, bruising and flu like symptoms.

It has been explained to me that other temporary treatments, such as collagen, free-fat, or surgical excision of the muscle are available. I understand there is no guarantee of results of any treatment.

I agree to have both pre- and post-operative photos taken for my record and for patient education purposes. My name will not be used on any such photographs. I understand the photos are the property of Ms. Sue's Med Spa.

I do not have a neuromuscular disorder such as Myasthenia Gravis, Lambert-Eaton syndrome or ALS (also known as Lou Gehrig disease).

I am not taking amino glycoside antibiotics at present (i.e. oral Tobramycin, Tobtades, Gentamycin, and Neomycin)

I am not pregnant, nursing, or trying to become pregnant.

I have read this entire information sheet, have had all my questions answered, and authorize Dr. Struble's associate, to inject botulinum A toxin into the muscles determined appropriate to improve facial lines.

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Physician Associate Certification, I certify that I have discussed the above with the patient regarding the procedure. INTIALS: _____