

BOTOX CONSENT FORM FOR COMPASSIONATE HEALTH CARE

Hypersensitivity to Botulinum A toxin products Injection at the proposed injection site(s) Bleeding disorders Cardiac Disease Active Skin Disease

Do you or a family member have:

Amyotrophic lateral Sclerosis

Motor Neuropathy Myasthenia Gravis Lambert-Eaton Syndrome Facial Nerve Palsy

Are you Pregnant Breast-feeding Medications

Do you take or have recently been on any of the following medications: Warfarin or Anti-Platelet Agents Aminoglycosides Curare-like Nondepolarizing

Blockers Loperamide Polymyxins Quinidin Magnesium

Sulfate Anticholinesterases Succinylcholine Chloride

Do you have any history of the following: Skin infection at site of injection Evidence of muscular atrophy Evidence of petechia or bruising Facial Asymmetry Ptosis Deep dermal scarring Thick sebaceous skin Dermatochalasis (excessive redundant skin)

I understand and unconditionally and irrevocably accept this & that all costs are NON-REFUNDABLE

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the injections and will also be your responsibility. In signing the consent for this procedure, you acknowledge that you have been informed about its risk consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

By Signing this form i agree i do not have any of the listed condistions