



BOTOX TREATMENT CONSENT FORM

The Botox procedure has been thoroughly explained. I realize that no promises or guarantees have been made as to improvement of my particular condition. I understand that the treatment may be repeated several times to achieve complete satisfaction. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Botox Treatments.

Botox works by blocking impulses from the nerve to the muscles in the face. This injection relaxes the muscles so they no longer contract. However the nerve endings usually grow new connections to the muscles at the Botox injection sites.

I have been told the following:

- The procedure involves a tiny needle that injects a small amount of Botox into several locations.
- The injection will feel like a small bug bite
- I may have some redness at the injection sites, if so, I may apply ice
- There may be slight, temporary bruising or mild swelling at the injection sites
- There may be numbness or rash at the injection sites

I have been given the following information:

- I may experience a slight headache
- In rare cases a temporary weakness may occur in nearby muscles. e.g. drooping eyelid
- Results are normally noticed within 3-5 days
- The treatment lasts 3-4 months before another injection is needed.

I certify that I have read this entire consent and that I understand and agree to the information provided in this form. I certify that I am a competent adult at least 18 years of age. I understand that if I am a minor under the age of 18, the consent of my parent or legal guardian will be required before treatment. This consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns.

I authorize taking of pictures before and after the injections. I consent to their use for instructional, scientific, and educational and research purposes. However, these photographs will not identify me by name and my name will not be revealed without my specific written consent.

I acknowledge that I am obligated to follow Kamala Aesthetics Medical and Laser Associates instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing this consent form

I agree to pay \$_____ for the first treatment, and \$_____ for each treatment thereafter; or
\$_____ for a ____ visit treatment package.

Signature: _____ Date _____

Guardian Signature: _____

Staff Signature: _____