



# Plumstead Dental Surgery

## Consent Form for Facial Aesthetic Treatment

(To be read and signed after reading the advice leaflets)

### Patient's Information

Surname [                      ]                      Forename [                      ]

Date of Birth [                      ]

Address [                      ]

You have been given the advice leaflet on BOTOX treatment which you have read and understood. To Summarise BOTOS treatment:

- Reversibly paralyses targeted muscles.
- Ideal for treating lines and creases as detailed.
- Treatment almost always completely or partially removes these line and creases for 3 – 6 months. Retreatment is required to maintain this effect.
- Treatment causes mild if any discomfort or after effects (including double-vision and watering eyes as well as those previously detailed).
- Ver rarely, patients may develop an allergic reaction to BOTOX which would preclude further BOTOX treatment.
- Treatment is not recommended for pregnant and breast-feeding women.

**The aim of BOTOX treatment is to improve facial appearance and not to Crete perfection!**

### CONSENT:

I have been fully informed by [                      ] of the risks and possible consequences of the above treatment. I hear by authorise administration of BOTOX o the agreed areas of my face and understand that side effects (rare) are possible and that the effects of BOTOX ae not permanent and my immediately achieve the desired result. I agree to pay the fee quoted for this treatment on the day of treatment or as previously agreed. I also agree to abide by the aftercare instructions as given and explained to me.

Forename

Surname

Signed

Date