

# *Forever Flawless Medical Aesthetics and Laser*

## CONSENT TO RECEIVE BOTOX INJECTION FOR HYPERHIDROSIS

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PURPOSE:** To help control severe underarm sweating. Botox injections temporarily block the chemical signals from the nerves that stimulate the sweat glands. When the sweat glands do not receive chemical signals, the production of excessive sweat stops in the treated areas only.

**PROCEDURE:** Tiny injections into the affected underarm(s) area that causes sweating. Results last approximately 6 months.

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

- Allergic Reactions – As with all biologic products, allergic and systemic life-threatening anaphylactic reactions may occur. Allergic reactions may require additional treatment. Systemic anaphylactic reactions require immediate medical care.
- Antibodies to BOTOX – Presence of antibodies to BOTOX may reduce the effectiveness of this material in subsequent injections. The health significance of antibodies to BOTOX is unknown.
- Bleeding – It is possible, though unusual, to have a bleeding episode from a BOTOX injection. Bruising in soft tissues may occur. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for seven days before BOTOX injections, as this may contribute to a greater risk of a bleeding problem.
- Damage to Deeper Structures – Deeper structures such as nerves or blood vessels may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.
- Discomfort – Discomfort associated with BOTOX injections is usually of a short duration.
- Drug Interactions – The effect of BOTOX may be potentiated by aminoglycoside antibiotics or other drugs known to interfere with neuromuscular transmission.
- Infection – Infection is extremely rare after BOTOX injection. Should an infection occur, additional treatment, including antibiotics, may be necessary.
- Continuing treatments are necessary in order to maintain the effect of BOTOX over time.

- Patients are advised that results of offlabel BOTOX treatment for migraine headaches and other medical disorders may be variable and improvement may not occur following BOTOX treatments.
- Migration of BOTOX – BOTOX may migrate from its original injection site to other areas and produce temporary paralysis of other muscle groups or other unintended effects.
- Neuromuscular Disorders – Patients with peripheral motor neuropathic disorders (amyotrophic lateral sclerosis, myasthenia gravis, and motor neuropathies) may be at greater risk of clinically significant side effects from BOTOX. Other Eye Disorders
- Pregnancy and Nursing Mothers – Animal reproduction studies have not been performed to determine if BOTOX could produce fetal harm. It is not known if BOTOX can be excreted in human milk. It is not recommended that pregnant women or nursing mothers receive BOTOX treatments.
- Skin Disorders – Local or systemic skin rash, itching, and swelling may rarely occur following BOTOX injection.
- Unknown Risks – The long term effect of BOTOX on tissue is unknown. The risk and consequences of accidental intravascular injection of BOTOX is unknown and not predictable. There is a possibility additional risk factors may be discovered.
- Unsatisfactory Result – There is the possibility of a poor or inadequate response from BOTOX injection(s). Additional BOTOX injections may be necessary. Surgical procedures or treatments may be needed to improve skin wrinkles including those caused by muscle activity.

QUESTIONS: A member of the Forever Flawless Medical Aesthetics and Laser staff has explained the purpose of this procedure, with possible complication, and the benefits to be reasonably expected compared with alternative approaches and my questions were answered. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

CONSENT I have read the consent and certify that I understand its contents in full. I request the performance of the procedure(s) described above. I hereby give my consent to this procedure and have been asked to sign this form after my discussion with Christina Miller RN. By signing this informed consent form I hereby release Dr. Vincent Marino, Christina Miller RN, and the facility Forever Flawless Medical Aesthetics and Laser from liability associated with this procedure.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

I further understand that failure to follow the aftercare instructions provided may result in increased risk of bruising, ineffectiveness of Botox treatment, infection and permanent injury. I have discussed any questions I have about Botox and its use with the doctor or nurse.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_