

M. Kathryn Schaefer, MD, LLC
Welcome to Botox Oahu
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Cosmetic Botox informed Consent

I, _____, understand that I will be injected with Botulinum A Toxin (Botox) into the facial muscles which may include the areas between the eyes, across the forehead, the upper nose, the crows feet around the lateral eyes, around the mouth and lips, or the lateral jaw area, to paralyze these muscles temporarily.

Botox is FDA approved for the cosmetic treatment of glabellar frown lines (the horizontal wrinkles between the eyebrows), for lateral canthal lines (crows feet), and for frontalis muscles (horizontal forehead lines).

Injection of Botox into the muscles improves the appearance of the wrinkles. The goal is to decrease the wrinkles in the treated areas. They are temporally paralyzed, the nerves no longer can tell the muscles to move. Re-injection is necessary within 3 to 5 months. It has been explained to me that other temporary and more permanent treatments are available.

The possible side effects of Botox include but are not limited to the following: Most people have lightly swollen reddish bumps where the injections went in, for a couple of hours or even days. Bruising is possible anytime a needle is inserted into the skin. The bruising can last for several hours, days, weeks, months, and in rare cases the effect of bruising could be permanent.

Risk of swelling, rash, local numbness, pain at the injection site, infection, and allergic reaction. Infections are easily treatable but in rare cases a permanent scarring in the area can occur. I understand that I need to contact Dr. Kathy Schaefer at the first sign of swelling or redness that develops after the Botox injections which could indicate a possible infection.

While local weakness of the injected muscles is the expected pharmacological action of Botox, weakness of adjacent muscles may occur as a result of the spread of the toxin. I understand more than one injection may be needed to achieve a satisfactory result.

Risks to eyes: Dry eyes, eyelid drooping, itching eyes, eye irritation, vision problems, eyelid swelling, crusting, or drainage from the eyes, keratitis - inflammation of the cornea, corneal exposure or ulcerations due to not being able to blink the eyelids completely or as often as they should to protect the eyes.

Although people with chronic headaches often get relief from Botox, a small percent of patients get headaches usually the day of treatment with Botox, but rarely for days to weeks.

Other risks: rash, flu like symptoms with mild fever, neck or back pain, difficulty swallowing, trouble talking or eating, bronchitis, sinusitis, nausea, dizziness, tightness or irritation of the skin, shortness of breath, respiratory failure, and death. Botox should not be administered to a pregnant or nursing woman unless cleared by their treating physician.

As Botox is not an exact science, there may be an uneven appearance of the face with some muscles more affected by Botox than others. In most cases this uneven appearance can be corrected by injecting more Botox in the same or nearby muscles. However in some cases this uneven appearance can persist for several weeks or months.

This list is not meant to be inclusive of all possible risks associated with Botox as there are both known and unknown side effects associated with any medication or procedure. The number of units injected is an estimate of the amount of Botox required to paralyze the muscles. I understand there's no guarantee of results of any treatment. I understand I will be charged for each subsequent Botox treatment.

I understand I am financially responsible for all services rendered to me. I further agree in the event of nonpayment, to bear the cost of collection, court costs, and reasonable legal fees, should this be required.

By signing below, I know that I have read the foregoing informed consent and agreed to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Botox treatments with the above understood. I hereby release the doctor, the person injecting the Botox, and facility from liability associated with this procedure.

Patient signature: _____ Date: _____

Physician signature: _____ Date: _____

Witness: _____ Date: _____