

Brisbane Aesthetic and Plastic Surgery Centre

Dr Eddie Cheng MBBS(Qld) FRACS(Plast)

Plastic and Reconstructive Surgeon

Provider No. 2243228L

BOTOX® Consent Form

Patient Name: _____

Date: _____

To the patient: You have the right to be informed about your skin condition and treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for the treatment program.

I have requested that, Dr Eddie Cheng attempt to improve my facial expression lines with BOTOX®. This is the trademark for botulinum toxin. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasm of the facial muscles. This toxin has also been useful to correct double vision due to muscle imbalance. Injection of minute amounts weakens the muscle and prevents frowning, crow's feet and expression lines. BOTOX® has been TGA approved for cosmetic use (Glabellar), and although the results are usually dramatic, the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results. _____ **Patient Initials**

The solution is injected with a small needle into the muscle; you see the benefits develop over the next five to seven days. Less frowning will be possible. _____ **Patient Initials**

The dosage is in units. Dr Eddie Cheng requires an investment of \$16 per unit from the client. The recommended dosage for a female frown in clinical studies is between 20-30 units, 30-40 for a male frown (USA Plastic Surgeons Consensus Clinical Paper 2004). _____ **Patient Initials**

Side effects and complications have been minimal. Occasionally, slight swelling, and/or bruising may last for several days after the injections. Rarely, an adjacent muscle may be weakened for several weeks after an injection. This may cause a temporary drooping of an eyelid. I am not pregnant nor am I attending to fall pregnant in the next 4 months. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, and alternative treatments, including no treatment at all. _____ **Patient Initials**

I understand that results are temporary and several sessions may be needed for optimal results. A BOTOX® "Touch-up" may be administered 2 weeks after the initial injections. _____ **Patient Initials**

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions. I consent to this BOTOX® injection procedure today and for all subsequent treatments.

Patient's Signature: _____ Date: _____

Dr Eddie Cheng: _____ Date: _____