

Southern Tier Dermatology & Aesthetics

Consent to Botox/Dysport

Patient Name: _____ Date: _____ DOB: _____

I hereby authorize Dr. Colleen Crandell/Dr. Curt Fenkl, and those she/he may designate as her assistants to perform upon myself:

___ Botox \$13.00 per unit
___ Dysport \$4.25 per unit
___ Xeomin \$12.00 per unit

I am aware that possible complications which include, but are not limited to partial or non-response to treatment, need for touch-ups, as well as occasional temporary eyelid droop (for frown lines/forehead treatment), eyebrow droop (for forehead treatment), double vision (for crow's feet treatment)

I am aware that Botox/Dysport is absolutely CONTRAINDICATED in all PREGNANT women, and must not be injected if you are pregnant, breastfeeding, or persons with any neurological diseases such as multiple sclerosis, myasthenia gravis etc. The effect of botulinum toxin may be potentiated by aminoglycoside antibiotics such as spectinomycin, tobramycin, neomycin, gentamycin, kanamycin, or amikacin. Please notify your doctor if you are currently taking such medication.

Patient Initials

I also authorize his/hers or any of their associates to administer any anesthetic may deem advisable for the above procedure.

The nature and purpose of the procedure and the anesthetic have been explained to me. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the operation, treatment or procedure.

I understand and have been so informed there are risks and consequences associated with the procedure and anesthesia described above.

WAIVER: I understand that this treatment is not considered "medically necessary" and I agree to pay in full for these services.

Patient Initials

Please tell your physician and circle if you are:

PREGNANT

NURSING

TAKING ASPIRIN and/or ANTI-INFLAMMATORY MEDICATIONS

I certify that my physician has explained the procedure to my satisfaction, that I have read the consent or have had it read to me, that the blanks have been filled in, and that I understand its contents.

Signature of Patient or Guardian

Signature of Physician

