



## INFORMED CONSENT – BOTOX® INJECTION

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### **Botox (*Botulinum Toxin Type A*) – Patient Advisory and Consent Form**

Being fully informed about your condition and treatment will help you make the decision whether or not to undergo Botox Cosmetic treatment. This information is not meant to alarm you, it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that Dr. Geoghegan attempt to improve my facial lines with Botox Cosmetic. This is the Allergan Inc. trademark for Botulinum Toxin Type A. These injections have been used for more than a decade to improve spasms of the muscles around the eye, to correct double vision due to muscle imbalance as well as numerous other neurological uses. Although used for many treatment areas in the face such as transverse forehead lines and crow's feet around the eyes, Botox Cosmetic is now only approved by the FDA to improve the appearance of the vertical lines between the brows. A few tiny injections of Botox relax overactive muscles and soften these vertical lines. The results of Botox Cosmetic are usually dramatic, although the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

#### \_\_\_\_\_ ***Patient Initials***

I \_\_\_\_\_, understand that Jennifer Geoghegan, M.D. will inject Botulinum A Toxin into the muscles to paralyze these muscles temporarily.

Botox cosmetic solution is injected with a tiny needle in the muscle. You should see benefits develop over the next three to seven days. A decreased appearance of frowning or creasing of other lines will be the result of this treatment.

The most common side effects seen are headache, respiratory infection, flu syndrome, temporary eyelid droop, and nausea. Botox Cosmetic should not be used if there is an infection at the injection site. Additionally, temporary bruising may occur at the injection site. I have been advised of the risks involved, the expected benefits of such treatment, alternate treatments, including having no treatment at all.

I understand that the results are temporary and several sessions may be needed for optimal results.

I have read and fully understand this entire information sheet and authorize Dr. Jennifer Geoghegan to inject Botulinum A Toxin into the muscles determined appropriate in an attempt to smooth the wrinkles on my face and improve my appearance. I consent to the Botox treatment today and for all subsequent treatments.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date