

SELENA LANTRY, MD  
LANTRY LASER AND SKIN CARE CENTER

**Botulinum Toxin Consent Form**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**Circle any of the following history you have or have had in the past:**

- **History of anaphylaxis / Multiple severe allergies / Infection at the proposed injection site (s)**
- **Neurological disorders / Are you pregnant or lactating? \_\_\_\_\_ / Any other medical disease**  
(Patient Initials)

**Explain:**

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**To the patient:** You have the right to be informed about your skin condition and treatment so that you may make the decision 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.

I have requested that Dr. Lantry attempt to improve my facial expression lines with 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 in correcting double vision due to muscle imbalance. Injection of minute amounts weakens the muscle and prevents frowning, crow's feet and expression lines. The Botulinum Toxin has been FDA approved for cosmetic use, 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*

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 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*

\*Please do not rub the injected area immediately after the treatment. Please remain upright for 4 hours after the injection.

I understand that results are temporary and several sessions may be needed for optimal results. A Botulinum Toxin "Touch-up" may be administered 2-4 weeks after the initial injections for a lesser charge.

\_\_\_\_\_ *Patient Initial*

**I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/ health I will report it to the office as soon as possible. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.**

**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 Botulinum Toxin injection procedure today and for all subsequent treatments.**

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_