

**BOTOX CONSENT FORM**

I .....request that Dr. Anup Shenai (B.D.S) perform BOTOX injections into muscles covering my forehead, face, chewing muscles, scalp, neck, or upper back.

Indications and alternatives:

BOTOX is a brand name for Botulinum toxin type A, a neurotoxin that blocks messages between muscles and the nerves that control them. The temporary effects of BOTOX become apparent 2-5 days after the injection and generally last for 4-6 months. The APHRA has approved the use of BOTOX to treat facial muscle dystonias (spams), stabsmus (crossed eyes), and to temporarily soften facial rhytids (wrinkles) between the eyebrows. There are alternatives to BOTOX, including no treatment, other injectable or ingestible drugs, orthodontics, reshaping teeth or using medicine or surgery of the jawbones, facial nerves or muscles. The board of APHRA supports the use of botulinum toxin (Botox) by registered dentists with education, training and competence for the treatment of temporomandibular joint dysfunction.

I acknowledge that the dentist has explained the following to my satisfaction:

- There is no guaranteed treatment method available for diminishing or “curing” headaches, TMJ or back/neck pain
- The APHRA has not approved the use of Botulinum toxin for treatment of neuralgic headaches or back/neck pain
- BOTOX treatments have a temporary effect and serial treatments may be required to maintain results, or attain further improvement
- BOTOX treatments can be costly and probably will not be covered by insurance at this time

BOTOX contains human-derived albumin and carries a theoretical risk of virus transmission. There have been no reports of disease transmission through Botox.

I understand that possible side effects and complications to the treated areas and adjacent skin to include redness, swelling, mild pain, bruising, numbness, infection, flu like symptoms, temporary muscle aching, as well as paralysis of a nearby muscle (which can cause droopy eyelids, droopy mouth, double vision, or neck weakness).

I understand that the following complications can occur and have been reported in the medical literature: permanent numbness, reaction to injection muscle spasms.

I acknowledge that I am not pregnant, nursing, or known to have allergy to albumin.

I understand that I have not had and should not have Botulinum injections (Botox, Dysport) at anytime within 3 months before or after this course of treatment. This may weaken the effects of the treatment.

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I have not been immunised against the effects of Botulinium toxin.

Side effects and complications included but are not limited to:

1. Bruising
2. Under correction (not enough effect) or overcorrection (too much effect)
3. Facial asymmetry (one side looks different to the other)
4. Paralysis of a nearby muscle leading to: droopy eyelid, double vision, inability to close eye, difficulty whistling or drinking from a straw
5. Generalised weakness
6. Permanent loss of muscle tone with repeated injection
7. Flu-like syndrome or respiratory infection
8. Nausea or headache
9. Development of anti-bodies to BOTOX
10. BOTOX contains human-derived albumin and carries a theoretical risk of virus transmission. There have been no reports of disease transmission through BOTOX.

## Contraindications

You should not have BOTOX if you are pregnant, nursing, and allergic to albumin, have an infection, skin condition, or muscle weakness at the site of infection, or have Eaton-Lambert syndrome, Lou Gehrig's disease or myasthenia gravis.

I understand the above, and have had the risks, benefits, and alternatives explained to me. No guarantees about the results have been made. I give my informed consent to BOTOX injections today as well as future treatment as needed.

PATIENT SIGNATURE:

DATE: \_\_\_\_\_

DENTIST SIGNATURE:

DATE: \_\_\_\_\_

WITNESS SIGNATURE

DATE: \_\_\_\_\_