

**Consent for BOTOX® Therapeutic for
Hyperhidrosis (sweating) Treatment**

Dr. Jeffrey C Dawes and/or his staff have informed me that no BOTOX® treatment can be performed on me without my written consent as follows.

The following have been fully explained to me and I was given ample opportunity to ask questions regarding each item:

1. I understand that small amounts of Botulinum Toxin A (BOTOX® Therapeutic) will be injected into the appropriate area of my skin in order to block a neurotransmitter that is responsible for triggering the sweating response in the treatment area.
2. Results are not guaranteed. In a very small number of people, the injection does not work as satisfactorily or for as long as expected.
3. Duration of the effect is usually six to eight months, with 38.6% of patients achieving reduction of sweating for over one year.
4. Reduction in sweating may begin as soon as the first day, but the full effect will take up to two weeks after the injections. If the desired effect is not achieved, a touch-up treatment may be necessary.
5. I understand that there may be some side effects from BOTOX® Therapeutic treatments. They may include and are not limited to; local pain or discomfort from the injection, redness or swelling of the treatment site, bruising in the area of treatment.
6. I understand that this is an elective therapy and that full payment, plus GST, is my responsibility. In some cases, for example with membership in a third party insurance drug plan, reimbursement *may* be possible for part or all of the treatment costs.

I am not breastfeeding; nor aware that I am pregnant, or that I have any neurological disease.

I agree to let this document stand as my informed consent for the future BOTOX® therapeutic treatment sessions.

I have read the above and understand. Dr. Jeffrey C Dawes and/or his staff have answered my questions satisfactorily. I accept the risks and possible complications of my BOTOX® Therapeutic treatment. I understand that the treatment may be administered by Dr. Jeffrey C Dawes or his nurse injector.

_____	_____	_____
Date	Print Name	Signature

Witness:

_____	_____	_____
Date	Print Name	Signature