



Consent for BOTOX® and Xeomin Cosmetic™ Treatment

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

- I understand that small amounts of purified Botulinum Toxin A (BOTOX® cosmetic/BOTOX® Therapeutic/Xeomin Cosmetic™) will be injected into the appropriate area of my skin to weaken or cause temporary paralysis of muscles that create wrinkles, lines or furrows on my face.
- The effect of BOTOX® or Xeomin Cosmetic™ will appear in two to seven days after treatment and will usually last between three to four months (or less) and will vary from patient to patient.
- I understand that there may be some side effects from BOTOX® or Xeomin Cosmetic™ 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, occasional numbness or transient headache.
- Additional side effects may occur related to the site being treated and include but are not limited to; drooping of the eyebrows, eyelids or corner of the mouth and reduced movement of the upper lip. There may be some facial asymmetry or imbalance of facial appearance. This is usually temporary.
- I am not pregnant or breast-feeding.
- I have no neurological disease.
- I agree to let this document stand as my informed consent for the future BOTOX® or Xeomin Cosmetic™ treatment sessions.
- I understand that this procedure is for cosmetic purposes and that payment for this treatment is my responsibility.
- I understand Xeomin Cosmetic™ is indicated in adults for the temporary improvement in the appearance of moderate to severe glabellar lines (between the eyebrows) and any other areas that I choose to treat are considered off label.
- I understand that BOTOX® is indicated for the treatment of upper facial rhytides (wrinkles), including forehead, lateral canthus (crow's feet area) and glabella lines. I acknowledge that any other areas that I choose to treat are considered off label.
- I acknowledge that the expectation of some patients may not be the same as those of Dr. Jeffrey C Dawes or his nurse injector. Appreciation of the cosmetic result can be subjective. Dr. Dawes, his nurse injector and staff do not guarantee outcomes.

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® or Xeomin Cosmetic™ treatment. I understand that the treatment may be administered by Dr. Jeffrey C Dawes or his nurse injector.

Date	Print Name	Signature
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Witness:

Date	Print Name	Signature
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