

CALIFORNIA ACADEMY OF GENERAL DENTISTRY - CE COURSE - OCTOBER 2023
CONSENT TO BOTOX® BOTULINUM TOXIN "A" TREATMENT

Patient Full Name _____ Date of Birth _____

Email Address _____ Phone _____

Botox® is a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions and dynamic muscle movement. Treatment with Botox can cause facial expression lines to soften or disappear entirely in some cases.

Areas most frequently treated with Botox® are: a) the glabellar complex - an area of frown lines that form between the interior edge of the eyebrows; b) the orbicularis oculi - lateral lines on the outside of the eyes that are often referred to as "crow's feet"; and c) the frontalis - the area of the upper forehead where lateral lines form due to repetitive frowning.

Botox® is diluted to a very controlled solution and is injected into the muscle with a small needle. Clients typically feel little to no pain but may verbalize a slight burning sensation during injection. The procedure takes 5-10 minutes and produces an average effect duration of 3-6 months. Repeated treatments can extend the duration of result.

RISKS AND POTENTIAL COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and adverse side effects that can occur with any invasive procedure, and in this specific instance such risks include but are not limited to:

1. Temporary mild discomfort, swelling, redness, and bruising.
2. Post treatment bacterial, and/or fungal skin infection.
3. Transient headache and/or flu-like symptoms.
4. Spread of toxin effects in areas away from the injection site may cause symptoms such as loss of strength / muscle weakness, double or blurred vision, drooping eyelid, watery or dry eyes, dry mouth, crooked smile or drooling, hoarseness or loss of voice, trouble with speech, inability to take full breaths and trouble swallowing.

**Problems with speech, impaired swallowing or difficulty breathing require immediate medical attention. Initial _____

PARTICIPATION & PUBLICITY MATERIALS

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. During courses given by the California Academy of General Dentistry, I understand that photographs and video may be taken of me for educational and marketing purposes. I hold the CAGD harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs. Initial _____

DISCLOSURE OF PREGNANCY, ALLERGIES OR NEUROLOGIC DISEASE

I am not aware that I am pregnant, and I am not trying to get pregnant; I am not lactating (nursing). I do not have any significant current or prior neurologic disease including but not limited to Myasthenic Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), or Parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin. Initial _____

PAYMENT

I understand that I am receiving a discounted price for Botox treatment today, and that payment is due prior to treatment. Initial _____

RIGHT OF REFUSAL

I understand that I have the right to decline participation and to decline future treatments. Initial _____

TRAINING COURSE

I understand that I have volunteered to be a model patient in a training course, and the doctor who will be treating me has had limited or no experience with Botox® injections as a method of treatment or cosmetic purpose. Initial _____

I hereby indemnify the facility / hotel and the California Academy of General Dentistry, its officers, staff, independent contractors, assistants, consultants, instructors, and faculty under whose auspices this treatment is being performed from any and all liability relating to the procedure and the outcome effects. Initial _____

ALTERNATIVE OPTIONS

Alternative, non-injection options have been offered and fully explained to me, and I understand that Botox trial is a completely elective procedure. Initial _____

RESULTS

I am aware that when small amounts of purified botulinum ("BOTOX") are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts 3 - 6 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual, and there are some individuals who do not respond at all. I understand that I will not be able to "frown" while the injection is effective, but that this will reverse after a period of weeks to months at which time re-treatment is appropriate.

I understand that I must stay in an upright position, abstain from exercise and that I must not manipulate the area(s) of the injections for a period of no less than 4 hours post-injection. Initial _____

I understand this an elective procedure, and I hereby voluntarily consent to treatment with Botox® injection for Facial Dynamic Wrinkles, TMJ, or Bruxism. I attest that I read and write in English, that I have read all portions of the information above, and that the Botox procedure has been fully explained to me. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. Initial _____

I certify that I have fully disclosed an accurate health and medication history as detailed on the correlating pre-injection Health History Questionnaire. I certify that if I have any changes in my medical history, I will notify my provider immediately. I accept the risks and complications of the procedure and understand that no guarantees are implied as to the outcome of the procedure.

Patient Name (Print)

Patient Signature

Date

Witness Name (Print)

Witness Signature

Date