



Anna Rosinska M.D.
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INFORMED CONSENT FOR BOTULINUM TOXIN INJECTION
(BOTULINUM TOXIN TYPE-A AS BOTOX FROM ALLERGAN)

FOR THE TEMPORARY TREATMENT OF SUPERFICIAL FACIAL WRINKLES

Please initial after each statement and sign at the bottom.

Botox is the botulinum toxin and works by paralyzing nerves and muscles.

1. I, _____, consent to and authorize Dr. Anna Rosinska to perform a treatment of facial wrinkles with Botox.
2. The nature and purpose of the treatment has been explained to me and questions I have regarding the treatment have been answered to my satisfaction. _____
3. I am fully aware of the risks of complications or injuries that can occur from this treatment, both from known and unknown causes, and I freely assume those risks. _____
4. I am fully aware the effects of Botox are apparent 5-7 days after treatment and they usually last 4-6 months. Periodic retreatment will be necessary to maintain the effects of Botox. _____
5. The known complications could include:
 - Temporary paralysis leading to droopy eyelid and double vision
 - Bruising
 - Facial asymmetry
 - Repeated treatment may lead to permanent loss of muscle tone in the treated area
 - Some patients may experience weakness or flu-like symptoms
 - Some patients may develop antibodies to Botox
6. I also certify that I have none of the known conditions that would contraindicate treatment. These conditions include hypertrophy scars, a history of any autoimmune disease, or immune therapy. I am not pregnant, breast-feeding, and I have no known allergy to Botox. _____
7. I certify that I have read this entire informed consent and that I understand and agree to the information stated in this form. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian will also be required before treatment. This informed consent is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns. I agree that any picture taken of my treatment site may be used for publication and teaching purposed, however, my name will not be disclosed and complete confidentiality of my name will be maintained. _____
8. No guarantee, warranty or assurance has been made as to the treatment results. _____
9. I understand that the results are of temporary nature, and more treatments will be needed to maintain improvement. I agree to adhere to all safety precautions described here including: _____
 - No laying down or reclining for four hours after injection
 - No scratching or rubbing the injected area
 - No bending forward for four hours
 - Make up should be avoided for one to two hours after injection
 - Exercise treated area by contracting injected muscles 3-4 times, every 15 minutes for 2 hours

Patient Name (please print) _____

Signature _____ Date _____



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POST BOTOX® INJECTION INSTRUCTIONS

1. **Avoid massaging the area of injection for 3-4 hours.**
2. **Exercise each of the injected muscle groups 2-3 times every 15 min for 2hrs.**
3. **Remain in an upright position for 3-4 hours. Avoid napping to avoid inadvertently lying on the area or rubbing it while sleeping.**
4. **Avoid aerobic exercise for 3-4 hours.**
5. **Avoid bending over, lifting or straining for 3-4 hours.**
6. **A lazy eyelid is a possible side effect of forehead Botox. If eyelid droop does occur, it can be treated with over-the-counter antihistamine eye drops. You may use Opcon A, Naphcon A or Vasocon A. The droop should be improved within an hour, then you may use the antihistamine on an as-needed basis.**
7. **Before future injections avoid the use of aspirin containing compounds or NSAID's (non-steroidal anti-inflammatory: Motrin, Advil, Anaprox, Naprosyn, Aleve, etc.) for 2-3 days to avoid increased bruising and swelling following injection.**
8. **The effects of Botox will be seen as early as 2-3 days after injection but may Take TWO to FOUR weeks for the FULL EFFECT to be visible. If you feel more Botox may be required for an improved result, please wait FOUR to SIX WEEKS from the time of initial injection before returning for re-evaluation. Since Botox is expensive, we use the minimal dose we feel is necessary to achieve the desired result. The amount of Botox injected is tailed to each patient's individual needs and varies with each area. There is no fixed fee for each area. You are charged only for the unit dosage used in each area. If additional Botox is needed at 4-6 weeks (an amount usually much less than the initial dose), you will also be charged for this injection.**