

**Botulinum Toxin Treatment Consent Form**

This treatment uses a dilute form of Botulinum Toxin Type A (Botox®, Azzalure, Vistabel® or Dysport®). It is administered by injection at specific points on the face. The treatment gradually takes effect over a week to ten days. After two or three weeks it will be working fully. The effect of treatment lasts, on average, for three to four months but can last up to six months in some people. This treatment is for an improvement not perfection. As Botulinum Toxin will not improve static wrinkles due to skin thinning, other types of treatment management will be required. Each treatment will be charged for individually, according to the amount of material used.

**The areas that we propose to treat, and the product used:**

**Risks and side effects**

Allergies and side effects to Botox®/Azzalure/Vistabel®/Dysport® treatment are extremely rare. The results of treatment cannot be guaranteed. Most people find that the injections cause only mild discomfort. Immediately after treatment there may be mild swelling, which usually subsides in 24-48 hours. Afterwards the injection site is slightly red for about one hour. In a small number of cases a bruise may occur. Rare side effects include headache, nausea, and flu-like symptoms. In rare cases patients may also develop antibodies or allergies to the toxin, experience double vision and watering eyes.

If you are pregnant or a nursing mother, or suffer from neuromuscular diseases, such as bell's palsy or myasthenia gravis, treatment is not recommended.

For treatment of the upper face, such as frown and forehead, there is a very low risk of brow ptosis (drooping of the eyebrow) or eyelid ptosis (drooping of the eyelid), which completely reverses with time. In rare cases patients may also develop antibodies or allergies to the toxin, or experience double vision, and watery eyes as mentioned above.

**CONSENT**

I have answered the questions regarding my medical history to the best of my knowledge. I have also received the after-care instructions following treatment with Botulinum Toxin. Its contents have been explained to me and I will follow the advice given. I am aware that this is a training day and I have agreed to take part in it.

I have been fully informed of the risks and possible consequences involved in the above treatment. Dr Timothy Eldridge and his team have explained that this treatment is off-licence. I hereby authorize..... to administer such treatment to me, as part of their training, and agree to hold him/her free and harmless from any claims, or suits for damages for any injury or complications, which may result from this treatment.

**Patient Name**

**Patient Signature**

**Practitioner Name**

**Practitioner signature**

**Date**

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