

Name:

DoB:

Address:

To the patient: You have the right to be informed about your treatment so that you may make a decision to undergo the procedure, knowing the risks and hazards involved.

I _____ have received a consultation with a Dr Rajendra Patel and I consent to having Botulinum Toxin Type A treatment carried out upon myself for the improvement of _____.

- I have had Botulinum Injection Previously. Approximate Date: _____
- THIS MY REPEAT TREATMENT of Botulinum Toxin Type A.
- I will inform of any CHANGE IN MY MEDICAL HISTORY _____
- I will inform of any MEDICATION I AM TAKING _____
- I am NOT PREGNANT or BREAST FEEDING
- Botulinum Toxin Type A Injection is injected with a small needle into the muscle, with the aim of *inhibiting the underlying muscle contraction, therefore improving facial lines and appearance*. I have been informed about the treatment, procedure, indications, expected results and possible side effects.
- I understand that I may experience swelling, redness, tenderness, slight headache, pain and / or bruising that may occur for several days after my treatment, however these symptoms will resolve.
- I have been advised of the risks involved and the expected benefits of Botulinum Toxin Type A treatment.
- Although the results are usually dramatic I have been informed that the practice of medicine is not an exact science and that no guarantees can be or have been made concerning the expected results in my case.
- I agree that this procedure is being performed for cosmetic reasons and that no guarantee can be made as to the exact results of this procedure.
- I understand that whilst every precaution will be taken to prevent complications and that whilst complications from this procedure are rare, they can and sometimes do occur.
- I agree that this constitute full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered..

Patient Signature/Date				Dr Rajendra Patel Signature/ Date	
Botulinum Toxin Type A	Batch No.	Dilution	Comments	Area and Units Injected	