



## Consent for Botox Treatments

I authorize any Surface Medical Spa Physician to perform Botox treatments on me and understand that this procedure is purely elective.

I understand that serious complications are rare but possible. Complications from injections may include: bleeding, bruising, pain, swelling, scarring, infection and failure to achieve the desired or expected result. Other potential side effects may include allergic reaction and lid ptosis (drooping of the eyelid). In rare cases, unusual reaction may occur that cannot be predicted. If I have Myesthenia Gravis or Lou Gehrig's disease (diseases affecting the nervous system) Botox treatments may worsen these conditions. By signing this consent I certify that I am not pregnant and do not have Myesthenia Gravis or Lou Gehrig's disease.

I understand that not adhering to the post-care instructions provided will increase my chances of complications.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publication and sales purposes. No full-face photographs revealing my identity will be used without my written consent. If my identity is not revealed, these photographs may be used and displayed publicly without my permission.

Pre and post treatment instructions have been discussed with me. The procedure, as well as potential benefits and risks have been explained to my satisfaction. I have had all of my questions answered and freely consent to the proposed treatments.

Patient Signature \_\_\_\_\_ Witness Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_