

Informed Consent –Botulinum Toxin

Dr. Alessio Redaelli

Via Di Vittorio 24 20070 DRESANO

Informed consent for botulinum toxin

I undersigned _____ age _____
living in _____ street _____
phone number _____ e-mail _____

In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later. The consent is personal and it cannot be delegated to the family (if not for minor or under guardianship).

The Botulinum Toxin has been used for many years now for neurological and oculist use, for stiff neck and strabismus.

It is now permitted in the aesthetic use even in Italy and it can be used for the glabella wrinkles. For the remained indications it is done off-label and under the responsibility of the doctor and the patient who declares to be aware of it.

It takes only few injections in the muscles. The toxin does not act immediately, but in the following 7-15 days.

After a short time, the effect goes away, and the treatment needs to be repeated to maintain the results.

It happens sometimes that a close muscle is interested in the injection and so some collateral effects are possible as ptosis of the eyebrow, ptosis of the eyelid, ptosis of the lip or cheekbone muscle, but they do not last forever. These effects go away after few weeks. Ematoma may occur.

No allergic test is required.

Sometimes, the therapeutic effect is not visible. In this case a retouch is done after 15 days. The next session has to be done after 4 months.

During the day of the treatment the patient has to avoid face massages, spas, excessive gymnastic and everything that vasoexpands.

At this time the procedures and used equipment are the most suitable from a medical-scientific point of view.

However, I declare not to be pregnant.

I am allergic to these substances:

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I followed the following aesthetic therapies:

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I authorize the management of the data also for an iconographic use.

I confirm that I read and understood the above.

I confirm I had the possibility to ask questions I thought were necessary.

After having taking note of the illustrated situation, I accept the suggested medical procedure.

Date

Patient's Signature

Doctor's Signature
