



## THE MENKES CLINIC

Medical, Surgical and Cosmetic Dermatology

### **BOTOX® FOR INJECTION CONSENT FORM**

I hereby authorize Dr. Menkes and those he may designate as his assistants to perform upon me the injecting of BOTOX® for reduction of facial or neck wrinkles.

The nature and purpose of this treatment have been explained to me. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of this procedure.

I am aware that the possible risks involved with this procedure are bruising, bleeding, swelling, infection, droopy eyelid(s), and/or inadequate results. I am also aware that the results are temporary, lasting 3-9 months. I also may need a "touch-up" treatment 10-14 days following the original procedure.

I further agree that any pictures or videotapes taken of me can be used for either teaching or publications as Dr. Menkes considers appropriate unless I notify Dr. Menkes in writing that my photographs are not to be used under such circumstances. I understand that attempts will be made to conceal my identity in those photographs.

This procedure is generally considered cosmetic and this is not covered by insurance. I understand that I am responsible for all costs of treatment.

I certify that I have read, or had read to me, the content of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

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Patient Name

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Date of Procedure

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Signature of Patient (Parent/Guardian)

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Witness