

# Informed Consent For Botox Botulinum Injections

Patient Name	:	Alston Rebello				Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21

**INSTRUCTIONS**

This is an informed consent document that has been prepared to help inform you concerning Botox injections, its risks, alternatives treatments(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sigi the consent.

**INTRODUCTION**

BOTOXinjections involve a series of small injections in order to weaken the chosen muscles for example on the brow or below the eyes. Weakening of the injected muscles begins to be apparent after 2-3 days with the peak effect being reached after 7 days. Results can last 3-6 months. The procedure can be repeated after 3 months; however, injections given less than 3 month inter.zals may reduce the efficacy of the injections.

**ALTERNATIVE TREATMENTS**

Alternative forms of non-surgical and surgical management for the appearance of wrinkles and lines in the skin consist of Collagen treatment, laser brasion, and brow lift. Risks and potential complications are associated with alternative forms of treatment

**RISKS OF BOTOX INJECTIONS**

Every procedure involves a certain amount of risk, and it is important that you understand that risks involved. An individual's choice to undergo a procedure is based on the comparison ofthe risk to potential benefit. Although the majority of patients do no experience these complications, you should discuss each of them with your surgeon to make sure you understand the risks, potential complications, and consequences of BOTOX injections.

**Bleeding**

It is possible, though unusual, to experience a bleeding episode during or after the procedure. Do not take any aspirin or anti-inflammatory medications for ten days prior to your BOTOX injection appointment.

**Bruising**

Following this procedure, it is not uncommon to bruise at the injection site.

**Infection**

Infection is unusual. Should an infection occur, additional ffeatntent including antibiotics may be necessary.

**Unsatisfactory Results**

There is a possibility of an unsatisfactory result from the procedure.

The procedure may result in unacceptable visible deformities, loss of function and/or loss of sensation. You may be disappointed with the results of the procedure.

Allergic reactions - In rare cases, local allergies to topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Drooping ofthe eyelids (Ptosis) - This is rare but &ansient complication occurring in 1-2% ofpatients. The incidence can be minimized by positioning post injections.

**It is important that you read the above information carefully and have all of your questions answered before signing this consent.**

**I have read a copy of the foregoing consent for the procedure, understand it, accept these facts, and hereby authorize Dr.Alan Alfred to perform the procedure of BOTOX injections.**

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		<div></div>

Patient Name Alston Rebello	Witness Name ghjghj	Doctor Name Alan Alfred - Dental (15245565544445)
Date 2025-02-21	Date 2025-02-21	Date 2025-02-21

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