



BOTOX[®] COSMETIC CONSENT FORM

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 Dr Harjeev Rai and I consent to having Botox[®] treatment carried out upon myself for the improvement of _____.

I understand that I am required have a follow-up consultation at 2 weeks, and that I am required to have photographs taken before, during and after treatment for my medical records.

Botox[®] 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. Rarely an adjacent muscle may be weakened for several weeks after injection resulting in eyelid droop or excessive lift, but these changes will resolve. I have been advised of the risks involved and the expected benefits of Botox[®] 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 am undergoing treatment of my own free will. 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 accept responsibility for any complications that may occur and thereby absolve Dr Harjeev Rai and any associated person of any blame resulting there from.

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.

I understand that the terms of payment require full settlement on or before the day of my treatment.

Client Signature _____ Date _____

Doctor Signature _____ Date _____