



**Bourget Skin**  
Judy L. Bourget, M.D.

## **INFORMED CONSENT – BOTOX®**

### **INSTRUCTIONS**

This consent form is designed to give you the information you need to make an informed decision about whether or not to undergo treatment with BOTOX®. If you have any questions, please ask the physician Dr. Bourget from Bourget Skin.

### **INTRODUCTION**

The action of the botulinum toxin is to cause weakness of muscles that can last approximately three months. Injection of minute amounts weakens the muscle and prevents frowning, crow's feet, and expression lines. The solution is injected with a small needle into the muscle. You will see the benefits develop in the next 5-7 days. Less-frowning will be possible.

### **ALTERNATIVE TREATMENT**

No treatment at all.

### **RISKS & SIDE EFFECTS**

Side effects and complications have been minimal, occasionally slight swelling, and/or bruising may last for several days after the injection. Rarely, an adjacent muscle may be weakened for several days after the injection. The most common side effects include headache (13.3%), respiratory infection (3.5%), blepharoptosis (3.2%), nausea (3.0%), and flu syndrome (2.0%).

### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed treatment of a disease or condition along with disclosure of risks and alternative forms of treatment. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Judy L. Bourget, M.D.  
34052 La Plaza., Ste. 102  
Dana Point, CA 92629  
(949) 429-8760

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\_\_\_\_\_ 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 expected results in my case.

\_\_\_\_\_ In all cases of treatment, it is a rare possibility that antibodies against the toxin may develop making future injections of no value.

\_\_\_\_\_ I understand that it is not known if botulinum toxin is safe to the fetus in women who are pregnant. For this reason, I have been informed that I am not to receive any injections of this agent if I am pregnant or if I intend to become pregnant while the medication is still active in my body. Furthermore, I will inform the doctors if I intend to become pregnant at a later date so that the injections can be halted.

\_\_\_\_\_ I do not have any neuromuscular disorders nor am I being evaluated for a neuromuscular condition including, but not limited to: amyotrophic lateral sclerosis, myasthenia gravis, or Lambert-Eaton syndrome.

\_\_\_\_\_ I have agreed that this consent constitutes full disclosure and that it supersedes any previous verbal or written disclosure. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions.

\_\_\_\_\_ I consent to photography; these photos will be kept confidential and will become part of my medical record with Bourget Skin.

\_\_\_\_\_ I have fully disclosed all of my medical history. I understand that it is my responsibility to inform and update the physician of any change in my health status and medical history.

\_\_\_\_\_ I am an adult of at least 18 years of age. My signature below certifies that I have fully read this consent form and understand the information provided to me regarding the proposed procedure. I have been adequately informed about the procedure involving the potential benefits, limitations, alternative treatments. I have had enough time to consider the information, and I have had all questions and concerns answered to my satisfaction. I understand and accept the risks, side effects, and possible complications associated with BOTOX® treatment.

\_\_\_\_\_ I consent and authorize a trained physician of Bourget Skin to perform BOTOX® treatments. This consent shall apply to all Hyaluronic acid treatments.

\_\_\_\_\_ If I have any questions or problems after treatments, I will call Bourget Skin at (949) 429-8760.

\_\_\_\_\_ It has been explained to me in a way that I understand:  
A. The above treatment or procedure to be undertaken  
B. There may be alternative procedures or methods of treatment  
C. There are risks to the procedure or treatment proposed

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-10). I AM SATISFIED WITH THE EXPLANATION,**

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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