



Cosmetic Services  
2288 Auburn Blvd Suite 205  
Sacramento, CA 95821  
Tel: 916-973-6100

**INFORMED CONSENT FOR BOTOX INJECTION**

**IMPRINT AREA**

I hereby give my permission for Dr. \_\_\_\_\_ to inject Botox serum for treatment of \_\_\_\_\_.

I have read the handout on Botox and have had all questions answered to my satisfaction. I understand that these injections are for cosmetic concerns and the cost of the materials and professional time is NOT covered by my medical insurance. I understand that moneys paid for this treatment and any subsequent treatments are nonrefundable and that cosmetic services rendered are not part of the Service Guarantee Program.

I have been advised of any risks associated with Botox injections and realize that the muscle/sweat gland paralysis which will occur after these injections will slowly disappear over four to six months and that in order to continue the paralysis, further injections will be needed. I am aware that each individual will have different results to injections and that touch up injections may be necessary if adequate paralysis is not achieved. At some point, a complete reinjection of those areas will be necessary, often every 4 or 6 months. The cost for touch ups and repeat injections will be charged at the rate of \$10. Per unit of Botox used.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE

WITNESS \_\_\_\_\_