



Woodbridge Dermatology  
& Laser Centre

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## CLIENT CONSENT FOR BOTULINUM MUSCLE RELAXANT

### Rationale

I am aware that when a small amount of purified botulinum toxin is injected into a muscle it causes weakness of that muscle. This appears in 3-4 days and usually lasts four months but can be shorter or longer. For example: Frown lines between the eyebrows are due to contraction of a small muscle. The corrugator beneath the inner part of each eyebrow. Injecting botulinum muscle relaxant into this muscle will relax it, causing improvement or disappearance of the frown lines.

### Results and Postoperative Care

1. I understand that I will not be able to move the treated muscle(s) while the injection is effective but that this will reverse itself after a period of months at which time re-treatment is appropriate.
2. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection site for the four hour post-injection period.
3. I understand that to maximize results, I should contract the injected muscles for a period of 1-2 hours.

### Risks and Complications

Botulinum Muscle Relaxant treatment of frown lines can cause minor temporary droop of one eyelid in approximately 2% of injections. This usually lasts 2-3 weeks. Occasional numbness of the forehead lasting 2-3 weeks, bruising and transient headaches have occurred. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual.

### Photographs

I authorize the taking of clinical photographs and their use for scientific purposes both in the publications and presentations. I understand my identity will be protected.

### Pregnancy and Neurologic Disease

I am not aware that I am pregnant nor that I have any significant neurologic disease.

### Other possible temporary side effects

Numbness, bruising, swelling, headaches, hives, dry eyes, dry mouth.

### Payment

I understand that this is a cosmetic procedure and that payment is my responsibility.

I have read the handout (Botulinum Muscle Relaxant cosmetic patient information) and I have read the above and understand it.

My questions have been answered satisfactorily by the doctor and nurses. I accept the risks and complications of the procedure.

**Patient's name:** \_\_\_\_\_

**Patient's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_