

BRIGHAM AND
WOMEN'S HOSPITAL

DEPARTMENT OF DERMATOLOGY
LASER AND SKIN HEALTH CENTE

PATIENT IDENTIFICATION AREA

Botox for Hyperhidrosis Consent Form

Risks and Complications Specific to Botox Treatment

- Bruising
- Adjacent muscles can be affected, if performed on the palms can develop hand weakness
- Inadequate response to treatment
- Patients on aminoglycosides, penicillamine, quinine, and calcium channel blockers may experience stronger effects of botox
- Has the potential to spread from the injection site to distant parts of the body

Results and Postoperative Care

1. I must not manipulate or rub the area of injection for a six hour period after the injection.
2. I am not to travel by airplane (after facial treatment) for two days after receiving Botox.
3. It may take up to 7-10 days to attain the full effect from the Botox injections.

Pregnancy and Neurologic Disease

I am not trying to become pregnant nor am I aware that I am pregnant. I am not nursing. I am not aware that I have any significant neurological disease or muscle weakness

Payment

I understand that this procedure, if not covered by my insurance, payment will be my responsibility.

_____ has explained the above to me. I have had an opportunity to fully inquire about the risks and benefits of this procedure and its alternatives. All my questions were answered to my satisfaction and I consent to the procedure.

I understand that Brigham and Women's Hospital is an academic medical center and that residents, fellows and students in medical and allied disciplines may participate in this procedure. My physician will determine when it is necessary for others to participate in my care. I understand that is possible that one or more healthcare industry professionals (technical representatives for medical equipment and device companies) may be present for advisory purposes only. Since aspects of this procedure may have educational or scientific value, data, video or photographs may be obtained for teaching purposes, presentations at medical/scientific meetings or publications in medical/scientific journals. All such recordings for these purposes will be deidentified. In addition, I understand that blood or other specimens removed for necessary diagnostic or therapeutic reasons may later be disposed of by BWH. These materials also may be used by BWH, its affiliates, or other academic or commercial entities, for research, educational purposes (including photography), or other activity, if it furthers the Hospital's missions. The physician has explained to the patient/family/guardian the nature of my condition, the nature of the procedure, and the benefits to be reasonably expected compared with alternative approaches, including the likely result of not performing the procedure. The physician has discussed the likelihood of major risks or complications of this procedure including the specific risks listed above and (if applicable) drug reactions, hemorrhage, infection, complications from blood or blood components. The physician has also indicated that with any procedure there is always the possibility of an unexpected complication.

Patient /
Representative _____

Date _____ Time _____

Physician _____ MD

Date _____ Time _____

CID

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