

**Consent to Botulinum Toxin Treatment for Facial Wrinkles  
(Botox, Dysport and/or Xeomin)**

I hereby authorize Dr. Jerry Tan and whomever he designates as an assistant(s) to perform upon myself (name of patient) \_\_\_\_\_ (birth date) \_\_\_\_\_, botulinum toxin injections for treatment of facial lines and wrinkles.

Rationale: I understand that botulinum toxin relaxes the muscles under my skin and therefore reduces the wrinkling caused by muscular contraction. I understand that tiny amounts of botulinum toxin will be injected into the muscles under my skin and that this will cause my muscles to temporarily relax for approximately three to four months.

1. The nature and purpose of this procedure including its risks (in particular; temporary drooping of eyelid in less than 2% of cases, occasional numbness of forehead, bruising, and transient headache) and alternative methods of treatment, such as chemical peels, dermabrasion and face lifts, have been fully explained. I acknowledge that no guarantee of results has been provided.

2. I certify that I am not pregnant nor have any neurologic (nervous system) disease.

3. I consent to photography before, during, and after treatment for the scientific purposes of publication and/or exhibitions to scientific and medical audiences and the lay media and for education of individuals interested in Botulinum treatment. I hereby waive any claims which I might have at any time against the above physician in any matter relating to this photographic material.

4. I agree that the relationship between me and Dr. Tan shall be governed and construed in accordance with the laws of the Province of Ontario and that the Courts of the Province of Ontario shall have jurisdiction to entertain any complaint, demand, claim, or cause of action.

I am aware that my condition is primarily of cosmetic concern and that the decision for treatment is based solely on my expressed instruction. I further certify that I have been given the opportunity to ask questions and have read and fully understand the contents of this document.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date