

George C. Peck, Jr., MD  
776 Northfield Avenue  
West Orange, NJ 07052

## Dysport® Consent Form

Dysport® is a trade name for Botulinum Purified Neurotoxin used to treat facial expression lines. Treatment with Dysport® will relax and weaken the muscles responsible for frown lines, fine crow's feet (around the eyes), and forehead wrinkles. There have been no long term adverse effects or complications related to the use of botulinum toxin. However, the following may occur:

- Bruising or Swelling.** Substances that increase the risk of bruising include Vitamin E, Aspirin, Blood Thinners, or Anti-inflammatory drugs.
- Headache.** Usually mild and transient lasting 24 hours. It may be relieved with Tylenol or Motrin.
- Asymmetry.** Forehead lines are caused by the muscle, which goes across the forehead. Dysport® may move irregularly across this muscle, causing drooping of the eyebrows or eyelids. This is temporary and will resolve in 24 hours. Do not massage the treated areas.
- Numbness.** A change in sensation noticed in the treated areas for a few days following the injection. No treatment is necessary.

The onset of Dysport® gradually begins in 3-4 days and may take two weeks to see the full effect. Usually the duration will last 3-6 months, but can be shorter or longer. Some patients with overly dynamic muscles may be less sensitive or "resistant" to Dysport®. This will cause either partial movement or lack of response. Dysport® may not correct the deep wrinkles that are present at rest. For this reason, other treatment options may be necessary.

Patients with a history of neurological disorders such as myasthenia gravis, muscular dystrophy, and amyotrophic lateral sclerosis are not a candidate for this treatment. Certain medications such as aminoglycoside antibiotics can not be taken when receiving Dysport®. Other contraindications include pregnancy and breastfeeding mothers. You should notify us if you have been diagnosed or treated with the above conditions.

I have been informed that the practice of medicine is not an exact science and that no guarantees can be made. I understand the goals, limitations and possible complications of Dysport® treatment. I certify that I have read and fully understand the above paragraphs. All my questions have been answered and alternatives discussed. I hereby voluntarily authorize and direct the Doctor to perform this treatment on me.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature \_\_\_\_\_ Witness \_\_\_\_\_