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BOTULINUM TOXIN INJECTION Con	nsent Form
	quest that Dr Hamid Sami perform BOTULINUM ng my face, forehead, scalp, neck, back and/or
I acknowledge that the physician has exp	plained the following to my satisfaction:
Ø There is no guaranteed treat discussed use.	ment method available for diminishing or "curing"
	ration has not approved the use of BOTULINUM pain or some other conditions as discussed.
	nents have a temporary effect and serial treatments ults, or attain further improvement
Ø BOTULINUM TOXIN treatment received.	nents can be costly and there may be an additional
	ns human-derived albumin and carries a theoretical ver, there has been no report of disease transmission
skin to include redness, swelling, mild pa temporary muscle aching, as well as pa eyelids, double vision, difficulty swall	nd complications to the treated areas and adjacent ain, bruising, numbness, infection, flu-like syndrome ralysis of a nearby muscle (which can cause droopy lowing or neck weakness) I understand that the d have been reported in the medical literature on, muscles spasms.
I acknowledge that I am not pregnant, n	ursing, or have a known allergy to albumin
I understand the above and have had the	e risks, benefits, and alternatives explained to me.
I give my informed consent for BOTUL treatments, as needed:	INUM TOXIN injections today as well as for future
Patient Signature	Date:
Witness Signature	Date:
Physician Signature	Date: