



Consent form for BOTOX® for Hyperhidrosis (sweating)

Hyperhidrosis is the excessive sweating under the arms and or palms of the hands and or soles of the feet. When Botox® is injected it blocks a neurotransmitter that is responsible for triggering the sweating response in the treatment area. Results are usually obvious within 1-2 weeks post injection, but a touch-up injection may be needed in 2-3 weeks to get complete results. The effects can last anywhere from 6 months to 8 months from time of injections.

Practical alternatives include Drysol topical applications, surgical or laser destruction of sweat glands in the area.

I, _____, understand and accept the risks and potential complications. The following have been fully explained to me and I was given ample opportunity to ask questions regarding each item:

1. Expected, but not guaranteed results. In a very small number of people, the injection does not work as satisfactorily or for as long as expected.
 2. Side effects of this injections can be decreased functioning ability of the muscles in the injected areas and/or insufficient relief from sweating in the treatment areas.
 3. Duration of the effect is usually six to eight months, with 38.6% of patients achieving reduction of sweating for over one year.
 4. Reduction in sweating may begin as soon as the first day, but the full effect will take up to two weeks after the injections. If the desired effect is not achieved, a touch-up treatment may be necessary.
- I am not breastfeeding; nor aware that I am pregnant, or that I have any neurological disease.
 - I agree to provide accurate and complete information about my medical history and conditions.
 - I have no known neurological diseases.
 - I understand that this is an elective therapy and that full payment is my responsibility.
 - I authorize Jennifer Nunez, RN to provide this treatment. I will follow post-treatment care as outlined. This includes contacting the office immediately if I have any concerns with regard to side effects following the procedure. I understand and fully agree to these terms.

This consent form is valid until all or part is revoked by me in writing. I understand that this consent is valid for all future injections as well.

The medical director will review all treatments planned for clients. The safety of all procedures are outlined in the protocols manual on site. The well-planned protocols establish safety and allow delegation to the RN to perform.

Patient Signature: _____

Date: _____

Provider Signature: _____

Date: _____