

REGISTRATION AND HEALTH HISTORY

Date: _____ Male or Female (Please Circle One)

First Name: _____ Last Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Emergency Contact: _____

What would you prefer to be called? _____ Who may we thank for this referral? _____

Family Physician: _____ Phone#: _____

Please Circle Y=Yes or N=No if you have any of the following conditions:

Y N - Rheumatic Fever	Y N - Thyroid Disease	Y N - Seizure Disorder
Y N - Heart Disease	Y N - Anemia	Y N - Kidney Disease
Y N - Heart Murmur (or MVP)	Y N - Asthma	Y N - Venereal Disease
Y N - HighBloodPressure	Y N - Diabetes	Y N - BleedingProblems
Y N - Tuberculosis	Y N - Are you nursing	Y N - Cancer
Y N - Use Oral Contraceptives	Y N - Might you be pregnant	Y N - Aids/HIV
Y N - Artificial Joint/Heart Valve	Y N - Hepatitis Type:	Y N - Eating Disorders
Y N - History of Endocarditic	Y N - Radiation Therapy: Head / Neck	

Other conditions not listed: _____

Are you allergic to latex, soy or egg products? _____

List any antibiotics, anesthetics or other drugs you are allergic to: _____

List all prescription medications you are presently taking: _____

Do you have any disease, organ transplant or take any medication which may depress your immune system? _____

Have you been hospitalized in the past five years? (Please Circle One) Y N If yes, Why? _____

Do you take aspirin on a daily basis? Y N If yes, Why? _____

Are you under a physician's care presently? Y N If yes, Why? _____

Have you ever been a drug substance abuser? Y N Do you smoke? Y N How Much? _____

Is there anything you would like to discuss with the Doctor in private? _____

Approx. on what date was your last Botox treatment? _____ What areas? _____

Have you ever had any dermal filler? Y N If yes, where? _____ If not, would you be interested? Y N

Are you a Brilliant Distinctions Member? Y N If yes, what is your member # _____

I attest that I understand and answered all the above questions honestly and completely. I understand that the doctor is basing treatment on this information.

Signature: _____ Date: _____

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PATIENT NAME _____ DATE OF BIRTH _____

FOR YOUR OWN KNOWLEDGE & SAFETY
PLEASE INITIAL AFTER READING EACH PARAGRAPH

Botox® is a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. Treatment with Botox can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-6 months. With repeated treatments, the results may tend to last longer. Initial ____

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1. Post treatment discomfort, swelling, redness, and bruising, 2. Double vision 3. A weakened tear duct 4. Post treatment bacterial, and/or fungal infection requiring further treatment 5. Allergic reaction 6. Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks 7. Occasional numbness of the forehead lasting up to 2-3 weeks, 8. Transient headache, and 9. Flu-like symptoms may occur. Initial ____

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including, but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), Parkinson's. I do not have any allergies to the toxin ingredients, or to human albumin. Initial ____

PAYMENT

I understand that this is an "elective" cosmetic procedure and that payment is my responsibility and is expected at the time of treatment. Initial ____

RIGHT TO DISCONTINUE TREATMENT

I understand that I have the right to discontinue treatment at any time. Initial ____

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RESULTS

I am aware that when small amounts of purified botulinum ("BOTOX") are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2-10 days and usually lasts 3-6 months but can be shorter or longer depending on the patient. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual and there are some individuals who do not respond at all. I understand that I will not be able to "frown" while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area (s) of the injections for the 2 hours post-injection period. Initial ____

I understand this an elective procedure and I hereby voluntarily consent to treatment with Botox® injection for Facial Dynamic Wrinkles, TMJ, or Bruxism. The procedure has been fully explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the office immediately. I also state that I read and write in English. Initial____

Patient Name (Print)

Patient Signature

Date

Summit Dentist

Botox POST - TREATMENT INSTRUCTIONS

- No straining, heavy lifting, vigorous exercise for 4 hours following treatment. It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve and begin its work, and we do not want to increase circulation to that area to wash away the Botox® from where it was injected.
- Avoid manipulation of area for 4 hours following treatment. (For the same reasons listed above.) This includes no waxing, no facial, peel, or micro-dermabrasion after treatment with Botox®. Waxing, a facial, peel, or micro-dermabrasion can be done in same appointment only if they are done before the Botox®.
- Facial exercises in the injected areas are recommended for 1 hour following treatment. This is to stimulate the binding of the toxin only to the localized area.
- It can take up to 10 days to take full effect. It is recommended that the patient contact the office no sooner than 10 days and no later than 2 weeks after treatment if desired effect was not achieved. If any Botox is administered at a 2-week follow up, the price is \$15 per unit.

Makeup may be applied before leaving the office.

Please contact our office with any questions at (908)273-3873.

A copy of this notice will also be given to you.

Patient Name (please print) _____ Date _____

Patient Signature _____