

Consent form for Botox for Hyperhidrosis (sweating)

When Botox is injected it blocks a neurotransmitter that is responsible for triggering the sweating response in the treatment 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. Duration of the effect is usually six to eight months, with 38.6% of patients achieving reduction of sweating for over one year.
3. 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 understand that this is an elective therapy and that full payment is my responsibility. In some cases, insurance may cover all or part of this procedure.

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.

Patient Signature: _____ Date: _____

RN Signature: _____ Date: _____