



Patient Procedure/Treatment Consent Form Botox Consent

Patient Name: _____ DOB: _____

I hereby authorize and direct _____ and assistants, as necessary to perform quality care, to perform the following procedure/treatment on me:

Botox

The nature and purpose of the procedure/treatment, alternative methods of treatment, and potential risks and complications have been fully explained to me, including but not limited to:

- Bleeding-normal to have blood in your urine as long as you are not passing clots larger than the tip of your finger
- Infection
- Urgent desire to urinate
- Pain and Discomfort-normal to have burning with urination as well as urinary urgency and frequency for approximately 1 day after the procedure
- Difficulty urinating

I acknowledge that no guarantees have been made to me as to the outcome of procedure(s) and/or treatment(s). I grant this consent without duress, confusion, or pressure from my physician and/or staff, associates, or colleagues.

Patient/Representative Signature: _____

Date: _____

Witness Signature: _____

Date: _____