

מס' זהות:	שם פרטי:
שם משפחה:	תאריך לידה:
שם האב:	כתובת:
טלפון:	מדבקת פרטי מטופל

טופס הסכמה: הזרקת בוטולינום לטיפול בקמטים
CONSENT FORM: BOTULINUM TOXIN INJECTION FOR WRINKLES

The purpose of this treatment is cosmetic treatment of wrinkles. The injection of small quantities of the botulinum toxin weakens or paralyzes the facial expression muscles, and thus enables achieving an improvement in the appearance of the wrinkles caused as a result of those muscles' activity. At times, there is also an improvement in the wrinkles that appear at rest. In most cases, improvement can be expected within a week. The function of the muscles into which the agent is injected is renewed, and with it the wrinkles, within 3-6 months. An additional injection at this point, and later at the appropriate time points, usually at increasing intervals, may help maintain the treatment and thus improve deeper wrinkles. Treatment is usually performed without anesthesia, and infrequently, using external local anesthesia only.

Name of Patient: _____
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by:

Dr. _____
Last Name First Name

regarding the injection of botulinum for the cosmetic treatment of wrinkles in the area of the _____ (henceforth: "the primary treatment").

I have been told that in most cases the primary treatment is expected to improve the wrinkles.

In addition, I have been given an explanation concerning the possible alternative treatments relevant to my circumstances: various types of peeling, injection of filling agents or plastic surgery, including the risks and benefits of each of these procedures.

I have been told that the injection of botulinum for the treatment of wrinkles has been used worldwide for the past 10-15 years, but that the Ministry of Health in Israel has not yet approved the injection for this indication.

I hereby declare and confirm that I have been given an explanation concerning the side effects of the primary treatment, including: local hemorrhage, pain at the injection site and headaches. In addition, I have been told that following the injection of botulinum, local weakness may develop at the injection site, and depending on the injection site, manifesting in: drooping of the eyelids or eyebrows, weakness of the angle of the mouth leading to a transient asymmetry in mimics and smile. This transient injury may last up to several months. In very rare cases, there have been reports of weakness in areas distant to the injection site as well, such as disturbances in swallowing or weakness of the limbs.

I hereby give my consent to perform the primary treatment.

I hereby give/do not give my consent to the recording (with a camera) of the injection and the facial wrinkles before and after the treatment. I have been told that these pictures will be used for research, treatment and clinical follow-up purposes only.

יחידת כירורגיה פלסטית



Israel Medical Association
Israeli Society of Plastic Surgery
Israeli Association of Dermatologic Surgery



מרכז רפואי ע"ש ברוך פדה, פוריה
The BARUCH PADEH Medical Center, PORIYA

שם פרטי:	מס' זהות:
תאריך לידה:	שם משפחה:
	שם האב:
	כתובת:
	טלפון:

מדבקת פרטי מטופל

I know and agree that the primary treatment will be performed by Dr. _____.

_____ Date _____ Time _____ Patient Signature

I hereby confirm that I have given the patient a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

_____ Name of Physician _____ Physician Signature _____ License No.

יחידת כירורגיה פלסטית



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