

Informed Consent – Botulinum Toxin for hyperidrosis

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Informed consent for botulinum toxin

I undersigned _____ age _____
living in _____ street _____
phone number _____ e-mail _____

In view of the medical-therapeutic act above indicated, I confirm that I have been well informed about the nature and the known effects of the medical operation described later. The consent is personal and it cannot be delegated to the family (if not for minor or under guardianship).

Botulinum Toxin has been used for many years now for neurological and oculist use, for stiff neck and strabismus.

botulinum Toxin has also a great effect in the reduction of the perspiring and it can also be use “off label” (it does not exist any authorized indication and it is done to aware patients since there is a lot of bibliography and documented scientific experience) in the hyperidrosis of head, armpits, hands and feet and many other body parts that suffer from this problem.

After a variable amount of time, the effect goes away and the treatment has to be repeated to maintain the results. It is possible that the effect is scarce or absent since it requires high dosages. A reduction of the strength of the muscle of the treated zone may occur as for example the hands. These effects go away and last no more than a week. Haematomas may occur.

An allergic test is not required.

Sometimes and rarely, the therapeutic effect is not evident. In this case a retouch after 15 days may be needed, and then the toxin has not to be repeated for at least 4 months.

On the day of the treatment and the day after, massages and steam bath are not allowed and basically everything that vasoexpands, such as excessive gymnastic, or Turkish bath.

At this time the procedures and used equipment are the most suitable from the medical-scientific point of view.

However, I declare not to be pregnant.

I am allergic to these substances:

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I followed the following aesthetic therapies:

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I authorize the management of the data also for an iconographic use. I confirm that I read and understood the above.

I confirm I had the possibility to ask questions I thought were necessary. After having taken note of the illustrated situation, I accept the suggested medical procedure

Date

Patient's Signature

Doctor's Signature
