Richard D. Zeph, M.D. F.A.C.S. Facial Plastic and Reconstructive Surgery 13590-B N Meridian Street, Suite 201 Carmel, IN 46032 (317) 573-7887 (800) 352-1056

MEDICAL QUESTIONNAIRE FOR BOTOX

Name	Birthdat	te		_Today's Date
Address: Home				()
Street	City	State	Zip	Phone
Business				()
Street	City	State	Zip	Phone
Email Address:		Cellular Nui	mber:(_)
How were you referred to our office?				
Do you have any significant medical history?_				
NO YES Are you taking any drugs or medica List them				
NO YES Are you allergic to any medications List them	?			
I hereby give my consent and request treatment I have been allowed to ask and have answered of				
I understand that Botox is an injectable for injected into and that is how it controls wrinkling. I understand that complications are rare, injection sites or mild headache.	ng. but include ter	nporary dro	oping of	f an eyelid or brow, bruising at the
I understand that injection with Botox is pregnant or breast feeding at this time.	not recommen	ded during	pregnan	cy or breast-feeding and I am not
I understand that treatment with Botox in muscular dystrophy, and amyotrophic lateral scantibiotics) may magnify the effects of the treat these conditions listed and they are not in my factors.	elerosis or in potential the camily.	eople taking complication	some n	nedications (such as amino glycoside
I understand that some people do not respI understand that treatment with Botox is time, my wrinkles will begin to come back.			ol wrink	cles for up to 3 to 6 months at that
I understand that there are other options for a second recognize that the practice of medicine and acknowledge that no guarantees or assurance of the second recognized for a	and therefore	the performa	ance of t	this procedure is not an exact science,

Date

Signature