

Dr. Jonathan M. Hansel
Chiropractic & Naturopathic Physician
23479 SE Stark Street
Gresham, OR 97030
503 667 9300

I hereby authorize and request Dr. Jonathan M. Hansel to perform Botox treatments for the purpose of improving my cosmetic appearance.

It has verbally been explained to me in terms that I understand the effects and nature of Botox treatments, the foreseeable risks involved and alternative methods of treatment. I have also read the brochure on questions and answers regarding Botox treatment. I understand possible side effects could occur and are as follows:

1. Mild swelling at the treatment site
2. Headache
3. Localized numbness
4. Bruising
5. Rash
6. Temporary loss of function nearby muscle
(e.g. dropping lid)

My questions have been answered to my satisfaction and the procedure has been thoroughly explained. I now elect to undergo the procedure.

Date: _____

Patient Name (please print): _____

Patient Signature: _____