



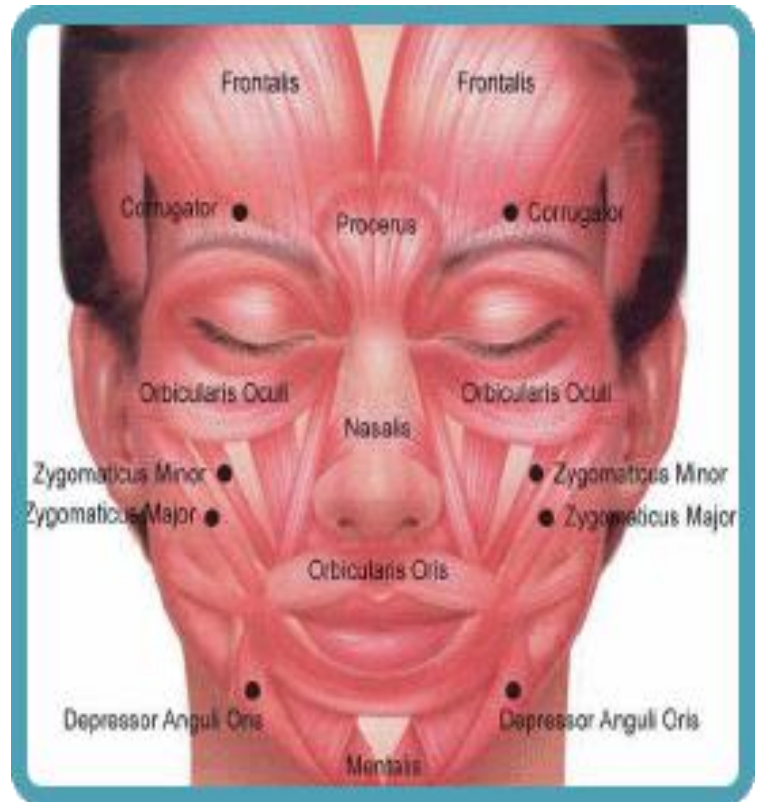
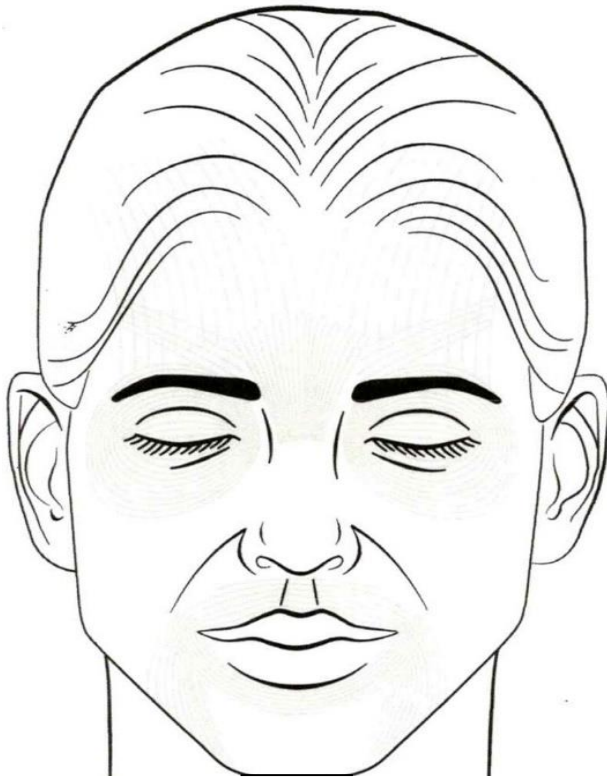
CONSENT TO BOTOX BOTULINUM TOXIN "A" TREATMENT

What would you like to be treated, what would you like to be done?

Have you had Botox treatment in the past? Which areas?

Medical History of Neurovascular disease: Myasthenia Gravis, Parkinson's disease, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis? _____

Allergy to Botox? _____ Pregnancy: Yes or No



Consent for Photography and Publicity

I authorize the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. I understand that photographs and video may be taken of me for educational and marketing purposes. I hold Germantown Dental Village harmless for any liability resulting from this production. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs.

Patient Signature: _____ Date: _____