

**Medical History Form**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Home Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Work phone \_\_\_\_\_ D.O.B \_\_\_\_\_  
Emergency contact & phone # \_\_\_\_\_ Pharmacy name & phone # \_\_\_\_\_

List all Medication, Food, and Makeup ALLERGIES \_\_\_\_\_  
List all medications you are taking: Prescription and Homeopathic as well as Retin A, Glycolic Acid & Acutane, Aspirin, Ibuprofen, Vitamins and all other Over the Counter Meds \_\_\_\_\_  
Have you ever had a MRSA (staph) Infection? \_\_\_\_\_  
If yes, was the infection acquired in a hospital? \_\_\_\_\_  
Do you take prophylactic premeds before having a procedure at the dentist  No  Yes, If so, what? \_\_\_\_\_  
What products do you use for skin care? \_\_\_\_\_

Do you have any of the following conditions? (Check Yes or No)

**Yes No**

- Cold Sores, when? \_\_\_\_\_
- Herpes Simplex
- Shingles, when? \_\_\_\_\_
- Dry Eye- Use Drops? \_\_\_\_\_
- Corneal Abrasion, when? \_\_\_\_\_
- Eye Surgery/ Injury, when? \_\_\_\_\_
- Cataracts
- Visual Disturbances/ Glaucoma
- Wear Contacts
- Tumors/ Growths/ Cysts (Circle)
- Abnormal Heart Condition \_\_\_\_\_
- High/ Low Blood Pressure (Circle)
- Circulatory Problems
- Diagnosed with any peripheral motor neuropathic diseases that affect your muscles and nerves, such as: ALS, Lou Gehrig's Disease, Myasthenia Gravis or Lambert Eaton Syndrome.

**Yes No**

- Fainting/Dizzy Spells? \_\_\_\_\_
- Hemophilia
- Prolonged Bleeding why? \_\_\_\_\_
- Hepatitis \_\_\_\_\_
- Allergic to Cow's Milk Protein
- Diabetes?
- Chemo/ Radiation (ever)?
- Use Tobacco Products?
- Cosmetic Surgeries?
- Facial Cosmetic Surgery?
- Using an eye drops?
- Pregnant, or Nursing?

Have you had any type of Laser, Photofacial, Botox, Dysport, Restylane, Radiesse, Sculptra, Hylaform, Perlane, Collagen, Silicone, Juvederm, Artefill or any other Cosmetic/ Plastic Surgery Procedures performed on your face or have scheduled in the future? If so, Which procedure(s)? Where on your face? When performed or scheduled? \_\_\_\_\_

Were you pleased with your result(s) /any complications/concerns? \_\_\_\_\_

Any medical concerns about procedure(s) you are interested in today? \_\_\_\_\_

Who should we thank for sending you to us? \_\_\_\_\_

Thank you for taking time to fill this out. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

DALLAS RHINOPLASTY CENTER, P.A.

C. SPENCER COCHRAN, M.D. | AESTHETIC & RECONSTRUCTIVE NASAL SURGERY

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_ Patient ID #: \_\_\_\_\_

I hereby acknowledge that I have received a copy of DALLAS RHINOPLASTY CENTER's Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

I AUTHORIZE THAT MESSAGES FOR PATIENT PERTAINING TO APPOINTMENTS AND INSTRUCTIONS REGARDING PATIENT CARE MAY BE LEFT

- at work, at home/voicemail, cell phone, via email, with spouse, other relative

Signature of Patient or Legal Representative, Date, Relationship to Patient (if applicable)
Printed Name of Patient's Representative (if applicable)
Parent or guardian of unemancipated minor
Court appointed guardian
Executor or administrator of decedent's estate
Power of Attorney

(FOR OFFICE USE ONLY)

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date,
\_\_\_\_\_ but acknowledgment could not be obtained because:

- Patient/representative refused to sign
Emergency situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)
Communication barriers prohibited obtaining acknowledgement (Explain)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Other (Specify)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

DALLAS RHINOPLASTY CENTER, P.A.

C. SPENCER COCHRAN, M.D. | AESTHETIC & RECONSTRUCTIVE NASAL SURGERY

**PATIENT CONSENT FORM - BOTOX® (Botulinum Toxin Type A)**

Patient Name: \_\_\_\_\_ Chart # \_\_\_\_\_ Date: \_\_\_\_\_

This is an informed consent document which has been prepared to help inform you concerning **BOTOX® (Botulinum Toxin Type A)** injection, its risk, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent for this procedure as proposed by your doctor and/or nurse injector and agreed upon by you.

**GENERAL INFORMATION**

Clostridia botulina bacteria produce a class of chemical compounds known as “toxins”. The botulina Type A toxin (**BOTOX®**) is processed and purified to produce a sterile product suitable for specific therapeutic uses. Once the diluted toxin is injected, it produces a temporary paralysis (chemodenervation) of muscle by preventing transmission of nerve impulses to muscle. The duration of muscle paralysis generally lasts for approximately three to four months. Continuing treatments are necessary in order to maintain the effect of **BOTOX™** over time.

**BOTOX™** has been approved to treat certain conditions involving crossed eye for the treatment of glabellar lines (forehead wrinkles) caused by specific muscle groups. **BOTOX™** has also been approved to treat cervical dystonia (spastic muscle disorder with the neck). Other areas of the face and body such as crow’s feet wrinkles and neck bands may be treated in an “off-label” fashion.

**BOTOX™ injections** are customized for every patient, depending on his or her particular needs. These can be performed in areas involving the eyelid region, forehead, and neck. **BOTOX™** cannot stop the process of aging. It can however, temporarily diminish the look of wrinkles caused by muscle groups. **BOTOX™ injections** may be performed as a single procedure or as an adjunct to a surgical procedure.

**ALTERNATIVE TREATMENTS** Alternative forms of management include not treating the skin wrinkles by any means. Improvement of skin wrinkles may be accomplished by other treatments or alternative types of surgery such as a blepharoplasty, face or brow lift when indicated. Other forms of eyelid surgery may be needed should you have intrinsic disorders affecting the function of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin peels, lasers, injection of filling material, or other skin treatments. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

**RISKS OF BOTOX™ (ABOBOTULINUMTOXINA)**

Every procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your doctor or nurse/injector to make sure you understand risks, potential complications, limitations, and consequences of **BOTOX™ injections**.

**Bleeding and Bruising** It is possible, though unusual, to have a bleeding episode from a **BOTOX™ injection** . Bruising in soft tissues may occur. Serious bleeding around the eyeball during deeper **BOTOX™ injections** for crossed eyes (strabismus) has occurred. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginko biloba, and other “herbs / homeopathic remedies” may contribute to a greater risk of a bleeding problem. **Do not take these for ten days before or after BOTOX™ injections.**

Patient Initials \_\_\_\_\_

**Damage to Deeper Structures** Deeper structures such as nerves, blood vessels, and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.

**Corneal Exposure Problems** Some patients experience difficulties closing their eyelids after **BOTOX™ injections** and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments, protective eye drops, contact lenses, or surgery may be necessary.

**Dry Eye Problems** Individuals who normally have dry eyes may be advised to use special caution in considering **BOTOX™ injections** around the eyelid region.

**Migration of BOTOX™** **BOTOX™** may migrate from its original injection site to other areas and produce temporary paralysis of other muscle groups or other unintended effects. **BOTOX™** has been reported to cause swallowing problems in patients treated for spastic muscle disorders of the cervical region (cervical dystonia).

**Drooping Eyelid (Ptosis)** Muscles that raise the eyelid may be affected by **BOTOX™**, should this material migrate downward from other injection areas.

**Double Vision** Double vision may be produced if the **BOTOX™** material migrates into the region of muscles that control movements of the eyeball.

**Eyelid Ectropion** Abnormal looseness of the lower eyelid can occur following **BOTOX™** injections.

**Other Eye Disorders** Functional and irritative disorders of eye structures may rarely occur following **BOTOX™** injections.

**Blindness** Blindness is extremely rare after **BOTOX™** injections. However, it can be caused by internal bleeding around the eyeball or needle stick injury. The occurrence of eye problems appears to be very rare.

**Asymmetry** The human face and eyelid region is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one side to the other in terms of the response to **BOTOX™** injections.

**Pain** Discomfort associated with **BOTOX™** injections is usually of short duration.

**Allergic Reactions** As with all biologic products, allergic and systemic anaphylactic reactions may occur. Allergic reactions may require additional treatment. Systemic anaphylactic reactions require immediate medical care. **Do NOT take BOTOX™ if you are allergic to cow's milk protein.**

**Antibodies to BOTOX™** Presence of antibodies to **BOTOX™** may reduce the effectiveness of this material in subsequent injections. The health significance of antibodies to **BOTOX™** is unknown.

**Infection** Infection is extremely rare after **BOTOX™** injections. Should an infection occur, additional treatment including antibiotics may be necessary.

**Skin Disorders** Local or systemic skin rash, itching, and swelling may rarely occur following **BOTOX™** injections.

**Neuromuscular Disorders** Patients with peripheral motor neuropathic diseases (amyotrophic lateral sclerosis, myasthenia gravis, motor neuropathies, Lambert-Baton Syndrome) may be at greater risk of clinical significant side effects from **BOTOX™** injections.

**Unsatisfactory Result** There is the possibility of a poor or inadequate response from **BOTOX™** injections. Additional **BOTOX™** injections may be necessary. Surgical procedures or treatments may be needed to improve skin wrinkles including those caused by muscle activity.

**Long Term Effects** Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss, weight gain, sun exposure, pregnancy, menopause, or other circumstances not related to **BOTOX™** injections. **BOTOX™** injection does not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary.

Patient Initials \_\_\_\_\_

**Pregnancy and Nursing Mothers** Animal reproduction studies have not been performed to determine if **BOTOX™** could produce fetal harm. It is not known if **BOTOX™** can be excreted in human milk. It is not recommended that pregnant women or nursing mothers receive **BOTOX™** treatment.

**Drug Interactions** The effect of **BOTOX™** may be potentiated by aminoglycoside antibiotics or other drugs known to interfere with neuromuscular transmission.

**Unknown Risks** The long term effect of **BOTOX™** on tissue is unknown. The risk and consequences of accidental intravascular injection of **BOTOX™** is unknown and not predictable. There is the possibility that additional risk factors may be discovered.

**HEALTH INSURANCE** Most health insurance companies exclude coverage for cosmetic surgical procedures and treatments or any complications that might occur from the same. Health insurance companies may not pay for **BOTOX™ injections** used to treat medical conditions. Please carefully review your health insurance subscriber information pamphlet.

**ADDITIONAL TREATMENT NECESSARY** There are many variable conditions in addition to risk and potential complications that may influence the long term result of **BOTOX™ injections**. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with **BOTOX™ injections**. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty, expressed or implied, on the results that may be obtained.

**DISCLAIMER** Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon and/or nurse injector may provide you with additional or different information which is based on all of the facts pertaining to your particular case and the current state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**IT IS IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL OF YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE.**

Patient Initials \_\_\_\_\_

**CONSENT FOR PROCEDURE or TREATMENT**

1. I hereby authorize C. SPENCER COCHRAN, MD and/or LAURIE WOODS, R.N. to perform the following procedure or treatment:

**BOTOX™ INJECTIONS** to (list areas to be treated):

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I have received the following information sheet:

**PATIENT CONSENT FORM - BOTOX® (Botulinum Toxin Type A)**

2. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
3. I consent to be photographed or televised before, during, and after the procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
4. For purposes of advancing medical education, I consent to the admittance of observers to the treatment room.
5. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. The above treatment or procedure to be undertaken
  - b. There may be alternative procedures or methods of treatment
  - c. There are risks to the procedure or treatment proposed
6. **I HAVE READ AND BEEN GIVEN A COPY OF THE BOTOX MEDICATION GUIDE.**

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE EXPLANATION.**

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

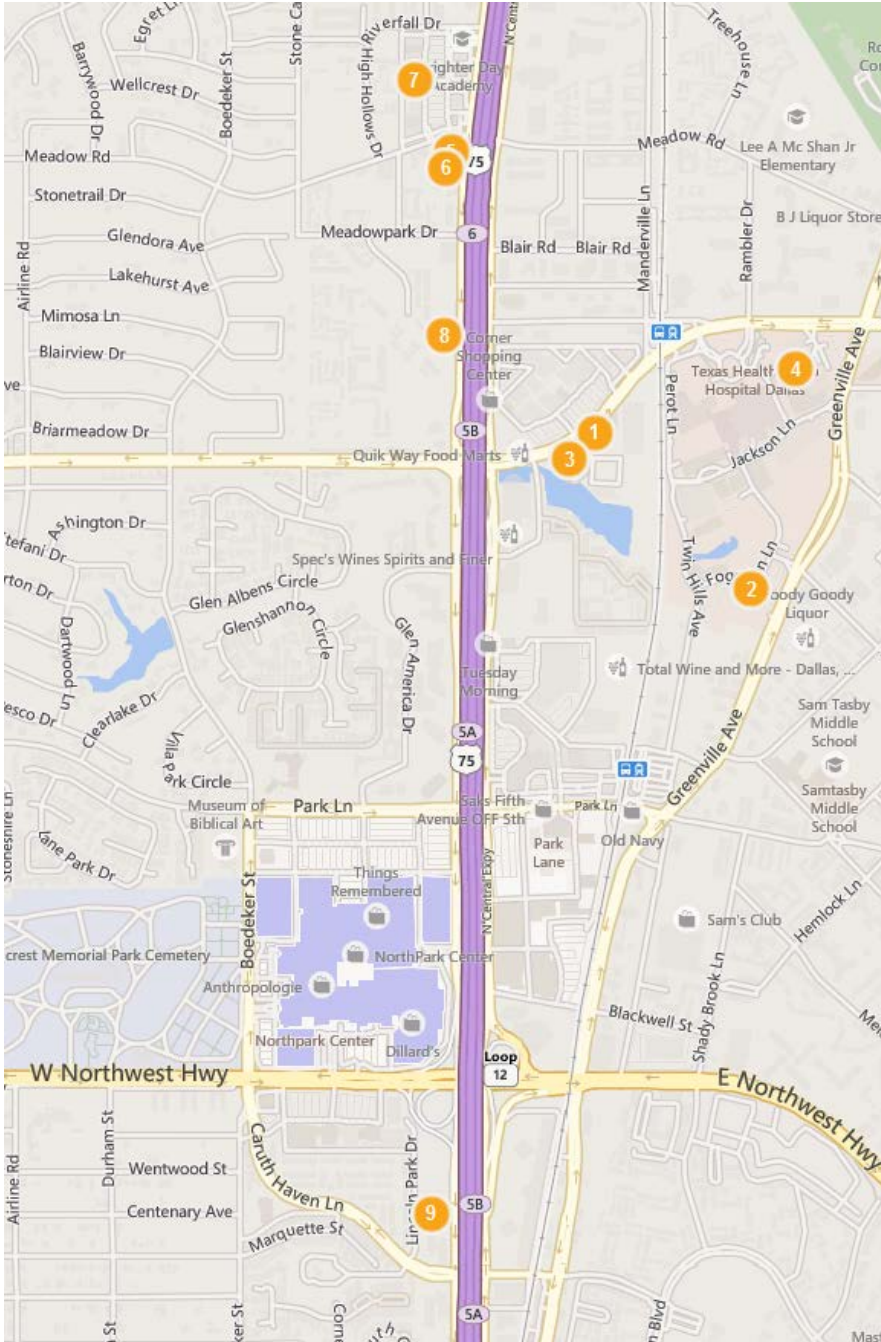
\_\_\_\_\_  
Date

Patient Initials \_\_\_\_\_

# DALLAS RHINOPLASTY CENTER, P.A.

C. SPENCER COCHRAN, M.D. | AESTHETIC & RECONSTRUCTIVE NASAL SURGERY

We are conveniently located in North Dallas near North Central Expressway (Hwy 75) and Walnut Hill Lane on the 1<sup>st</sup> Floor (Suite 170) of the MHBT Building.



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(214) 647-5300
- 3 CVS Pharmacy**  
8024 Walnut Hill Ln  
Dallas, TX 75231  
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- 4 Southwest Diagnostic Imaging**  
8230 Walnut Hill Ln  
Dallas, TX 75231
- 5 Residence Inn**  
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- 6 Marriot Courtyard**  
10325 N Central Expy  
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(214) 739-2500
- 7 Tom Thumb Pharmacy**  
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