Dr. Peter Bray
COSMETIC PLASTIC SURGEON

Dr. Peter Bray – Certified Plastic Surgeon, MD, MSc, FRCS (C)
Phone: (416) 323-1330 | Fax: (416) 323 – 9397 | info@drbrayplasticsurgery.com | www.drbray.ca
66 Avenue Rd., Upper level, Toronto, ON M5R 3N8
@drbrayplasticsurgery

Therapeutic Botox Treatment for Hyperhidrosis
Information and Consent Form

Botox is an approved medication used for excessive underarm sweating that is inadequately managed with topical agents. Botox helps control this condition by temporarily blocking the chemical signals that cause excessive sweating. The exact amount of time that it remains in effect cannot be predicted as each individual is different.

I have been informed about the treatment for hyperhidrosis. I understand that injections will be made under the skin in the treatment area and that I may experience swelling, redness, tenderness, pain and/or bruising, however these symptoms will resolve.

Although the results are usually dramatic, I have been informed that each individual is different, and no guarantees can be made concerning expected results. Individuals may require anywhere from 50 units to 150 units of Therapeutic Botox administered to each armpit to obtain an optimal outcome. For some individuals this treatment will eliminate excessive sweating and odor, others may require the use of a deodorant for odor even though they are moisture free.

Contraindications to Therapeutic Botox administration include infection at administration site, pregnancy, nursing, neuromuscular disorders such as ALS, Myasthenia Gravis, or Lambert-Eaton syndrome.

I have read the above information and I have fully disclosed any medical conditions. My questions and concerns have been addressed and answered to my satisfaction.

_____________ I meet the inclusion criteria for the Botox Access Program. I understand there is an injection fee for administration of Botox by the Healthcare Professional. I am personally responsible for payment of this fee given that it is not covered by the program.

_____________ I do not meet the inclusion criteria for the Botox Access Program therefore if I choose to proceed with treatment I am aware and agree to pay the cost of each vial of Botox Therapeutic ($402+HST) and the injection fee for administration by the Healthcare Professional.

Patient Signature: __________________________________ Date: ___________________________________

Healthcare Provider: ________________________________ Date: ___________________________________