



www.hoyedental.com

140 High Street
Taunton, MA 02780
Tel. 508.823.1600

20 Chestnut Street
Needham, MA 02492
Tel. 781.444.4647

Consent for Xeomin neurotoxin Injection

_____ Date _____ Patient Name

Xeomin neurotoxin is a substance originally used for treating muscular disorders of the eye, but has also been found useful as a reversible muscle relaxant. As such, it may be used to temporarily relax certain facial muscles, thus having a cosmetic effect by smoothing certain facial wrinkles (“Crow’s feet” and other lines of expression).

The effect of Xeomin neurotoxin begins in a few days and lasts for up to 3 months, at which time retreatment is necessary to gain a similar muscle relaxant effect. Occasionally, “touch-up” injections may be required for full effect. Studies have shown that, in rare cases, a patient may develop antibodies to Xeomin neurotoxin in as few as three doses, thereby reducing its effectiveness. Thus, Xeomin neurotoxin may occasionally not have the planned effect or the results may not be as anticipated.

Proposed treatment: Injection of Xeomin neurotoxin in the following facial areas: _____

_____ You have the right to be informed about the proposed treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and complications involved. This disclosure is not meant to create anxiety, but is simply an effort to better inform you so that you may give or withhold your consent.

Xeomin neurotoxin injections may include, but are not limited to, the following risks and complications:

- ___ 1. Allergic reactions, including rash, itching, local swelling, or more severe reactions.
- ___ 2. Xeomin neurotoxin contains albumin from human blood, to which certain individuals are allergic. **If you have had adverse reactions to certain immunizations or are allergic to eggs, you should not use Xeomin neurotoxin.**
- ___ 3. The effects of Xeomin neurotoxin are potentiated (increased) when patients are taking certain antibiotics (aminoglycoside derivatives) and other drugs that interfere with

Patients Initials _____

neuromuscular transmission. Be sure to advise your doctor of all medications you are taking or have recently taken.

___4. Because Xeomin neurotoxin contains human albumin, there is a remote chance of transmission of serious viral diseases. This complication has never been identified, but it is possible.

___5. Bruising may be possible, especially if Xeomin neurotoxin is used around the eye area. Typically, these discolored areas disappear with time.

___6. If used around the eye, Xeomin neurotoxin may cause difficulty in closing eyelids tightly. The result may be corneal exposure resultant drying, potential ulceration and visual complications. The affected eyelid may droop. Protective patching and/or medication may be required until this complication has passed.

___7. The safety of Xeomin neurotoxin in pregnant women or nursing mothers has not been established. Please advise your doctor if there is any chance you might be pregnant.

___8. Other possible complications:

___ I have fully and truthfully informed my doctor of my past medical and social history, including drug and alcohol use, recognizing that withholding information may jeopardize the planned outcome of this treatment.

___ I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal result.

___ If any unforeseen condition should arise during this procedure calling for additional or different procedures from those planned, I authorize my doctor to use professional judgment to provide the appropriate care to complete the procedure.

___ I understand this is an elective procedure and have not been given any warranty or guarantee as to the result of the proposed procedure.

___ I certify I have had an opportunity to read the above paragraphs and I fully understand the terms used. I understand the reasons for the proposed treatment and potential benefits to me; it has been explained to me what alternatives there are, if any, to this treatment. All of my questions have been answered to my satisfaction and I am willing to undergo this elective treatment. I also state that I read, speak and understand English.

Patient's Signature

Patient's Name

Date

Doctor's Signature

Doctor's Name

Date

Patients Initials _____

Witness' Signature

Witness' Name

Date

Patients Initials _____