

**MEADOWBROOK NEUROLOGY GROUP, P.C.**  
**CONSENT FOR BOTULINUM TOXIN TREATMENT**

Name \_\_\_\_\_ Phone \_\_\_\_\_ D.O.B \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_ Women: Are you Pregnant or Lactating? \_\_\_\_\_

**Circle any of the following illnesses you have or have ever had in the past:**

Myasthenia Gravis      Hepatitis      Eye Disease      Autoimmune Disease      Vision Problems  
Numbness      Muscle Weakness      Amyotrophic Lateral Sclerosis (ALS)      Eaton Lambert Disorder

Explain: \_\_\_\_\_

I understand the information on this form is essential to determine my medical needs and the provision of treatment. I agree that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

I hereby request and authorize the physicians at Meadowbrook Neurology Group, P.C. to perform the following procedure: BOTOX injections for one or more of the following: cervical dystonia, spasticity, blepharospasm, cervicocranial pain, hemifacial spasm, sialorrhea (excessive drooling).

Botox® is a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face, neck, and limbs which cause symptoms of pain, head tilt, and spasm. Botox can also reduce the amount of saliva production. Botox is diluted to a very controlled solution and injected into the muscles with a very thin needle. Patients may feel a slight burning sensation while the solution is being injected. The procedure takes about 20-30 minutes and the results last approximately 3 months. Botox cannot be injected sooner than every 3 months for both medical as well as insurance reasons. I am aware that when small amounts of purified Botulinum ("BOTOX®") are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 1-2 weeks and usually lasts 3 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual.

**RISKS AND COMPLICATIONS**

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to: 1) Post treatment discomfort, swelling, redness, and bruising, 2) Post treatment bacterial, viral, and/or fungal infection requiring further treatment,; 3) Allergic reaction; 4) Minor temporary droop of eyelid(s) in approximately 6% of injections (depending upon the injection sites). This usually lasts 2-3 weeks,; 5) Blurry or double vision 6) Occasional numbness of the forehead lasting up to 2-3 weeks; 7) Transient headache; 8) Upper respiratory flu-like symptoms may occur; 8) Difficulty swallowing (depending upon injection sites) potentially requiring the placement of a feeding tube; 9) Difficulty with neck or limb weakness; 10) Temporary changes in cosmetic appearance; 11) Excessively reduced saliva production.

**PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE**

I am not aware that I am pregnant, have any significant neurologic disease, or have any allergies to the toxin ingredients, or to human albumin.

**MISSED / PATIENT CANCELLED APPOINTMENTS**

I understand that for any "missed", or patient-cancelled appointments (less than 24 hours notice) there will be a \$50.00 charge that must be received by Meadowbrook Neurology Group, P.C. prior to rescheduling injection or any other appointment.

**RESULTS**

I am aware that when small amounts of purified botulinum ("BOTOX®") are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 1-2 weeks and usually lasts 3 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual

I hereby voluntarily consent to treatment with Botox® injection. The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

\_\_\_\_\_  
**Physician**

\_\_\_\_\_  
**Date**