



Xeomin CONSENT & POST OP Form

- 1. Dressing:** No dressings are required following Botox treatment. Do not apply an icepack or massage the injection sites. Any remaining dry bloodspots should be gently wiped off with ice water on a cotton swab in sweeping motions away from your eye.
- 2. Position:** Try to sleep on your back the first night following Botox treatment so that you avoid compressing the facial areas injected with Botox. Similarly, avoid pressing over the areas treated with Botox immediately after treatment. Compression of any sort, will result in the Botox migrating from the area injected, and consequently, not acting on the desired muscle. Also, avoid lying down until bedtime the day of Botox injection.
- 3. Activity:** You may return to routine daily activity or your job immediately following Botox treatment. However, you must avoid exercising for 24 hours. This is because exercise will increase the blood flow to the facial region which may then draw the Botox out and into circulation; this will result in less effective relaxation of the targeted muscles
- 4. Driving:** You may drive immediately following Botox treatments.
- 5. Ice Packs:** Icing is not recommended as this will result in unnecessary compression of the areas treated. .
- 6. Exposure to sunlight:** You may expose yourself to limited sunlight immediately following treatment. .
- 7. Final Appearance:** You will notice drastic improvement in facial muscles as early as 36 hours following Botox treatment. Maximum effects will be observed at 12 days following Botox injection. .
- 8. Postoperative follow-up:** In general, you do not need to follow up with your doctor following Botox treatment unless there is severe asymmetry. With asymmetry return for a follow up visit after 2 weeks. You should expect to return to your doctor for repeat treatments every 3 to 6 months.

Patient Consent Form for Treatment with Botulinum Toxin

I, hereby request to have Xeomin® injected into the muscles of my face and head for TMD, migraine, facial pain or headaches caused by muscle tension. The exact indication that I am being treated for may not be printed on the label of the Xeomin vial (off label). The treatment has been accepted for a therapeutic indication. I understand that this treatment may not be covered by my medical or dental insurance, and I am responsible for payment.

I am aware that the outcome is often unpredictable and may not be to my satisfaction.

I understand that I may choose to stop the above procedure at any time.

I also understand that treatment may be ineffective or have a limited duration of effect

I have been instructed that the material risks in this procedure include loss of facial expression, lines and wrinkles, asymmetry, drooping (ptosis) of the mouth, eyebrow and/or eyelid; bruising, pain, headaches, bleeding, tenderness, swelling, redness at injection sites. The medication may spread to the brain and other parts of the body. On rare occasions there may be allergic reactions, infection, numbness, tingling, paralysis partial paralysis; loss of facial expressions, loss of blood and scarring, disfiguring scars; cardiac arrest, brain damage, death. There may also be other unspecified risks and unknown long-term risks.

I will seek immediate medical attention should I notice the following effects after administration of Botox (Botulinum toxin): dysphagia (difficult swallowing), dysphonia (difficult speaking), weakness, dyspnea (difficult breathing). I am aware that these effects may occur up to several weeks after treatment.

I realize that during the course of this procedure other conditions may arise or may have to be treated and I hereby consent to any additional procedure or treatment which the healthcare provider deems necessary or appropriate to treat such conditions.

I have been instructed to avoid bending over, touching or washing injection sites, removing facial make-up, lying down, sleeping or working out for 4 hours after treatment.

I will be responsible for all legal fees that may arise from any and all frivolous lawsuits that I may initiate. I understand that all cases will be aggressively defended by the treating doctor.

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First name - Patient

Last name - Patient
