

albumin. Hypersensitivity reactions have been reported with botulinum toxin products (anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea).

8. Swallowing and Breathing Difficulties: I understand that treatment with XEOMIN and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. These reactions can occur within hours to weeks after injection with botulinum toxin. Seek immediate medical care if swallowing, speech or respiratory disorders arise.

9. Pregnancy and Nursing: There are no adequate and well-controlled studies of XEOMIN® in pregnant or nursing women.

If you experience loss of strength, muscle weakness, blurred vision, or drooping eyelids occur, avoid driving a car or engaging in other potentially hazardous activities.

No studies of interactions of XEOMIN® with other drugs or substances or implants have been conducted. 3

Patient Acknowledgements: This above list is not meant to be inclusive of all possible risks associated with XEOMIN® (incobotulinumtoxinA) as there are both known and unknown side effects and complications associated with any medication. I understand that medical attention may be required to resolve complications associated with my injection.

I confirm that I have received and reviewed the XEOMIN® Medication Guide. I confirm that I have discussed the potential risks and benefits of XEOMIN® with my provider and that my provider has satisfactorily answered all of my questions. I understand that there is no guarantee of any particular results of any treatment. I understand the results of treatment with XEOMIN® are temporary. _____

I acknowledge that I am not pregnant or possibly pregnant, lactating or nursing. _____

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should they be required. By signing below, I acknowledge that I have read the foregoing informed consent, have had the opportunity to discuss any questions that I have with my doctor to my satisfaction, and consent to the treatment described above with its associated risks. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the doctor, the person performing the XEOMIN® injection and the facility from liability associated with this procedure.

Patient Signature _____ Date _____

Witness Signature _____ Date _____

Provider Signature _____ Date _____

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