Refine Medical Aesthetics
XEOMIN® (incobotulinumtoxinA) Treatment Patient Informed Consent Form

XEOMIN® is a purified version of botulinum toxin that is used to temporarily reduce wrinkling of the skin by weakening muscles near the eyes. It usually lasts 3-4 months. Common side effects of injection include temporary injection site soreness or headache (5.4% of patients), redness, and bruising. Rare, but potentially significant risks include, but are not limited to:

- Significant bleeding and bruising: These symptoms are usually mild and last no longer than any other injection or lab draw. Patients who are using medications that can prolong bleeding, such as aspirin, warfarin, or certain vitamins and supplements, may experience increased bruising or bleeding at the injection site.
- Eyelid Weakness: I understand that local weakness of the injected muscles is the expected action of XEOMIN® and weakness of adjacent muscles may occur from spread of the medication. Inadvertent spread of the medication may result in temporary eyelid drooping. If this occurs, it usually does not last as long as the desired effect.
- Eye Disorder: I understand that injections of XEOMIN® may cause reduced blinking or effectiveness of blinking, and that I should seek immediate medical attention if eye pain or irritation occurs following treatment. An inability to blink the eyelids may result in dry eyes which has been associated with damage to the eye as impaired vision, or double vision, which is usually temporary. Lubricant eye drops may be necessary.
- Infection: As with all transcutaneous procedures, I understand that injection of any material carries the risk of infection.
- Hypersensitivity: In contrast to Botox®, XEOMIN® is designed to have less preservatives (inactive ingredients) that may cause an allergic/adverse reaction. However, this medication is contraindicated in patients with a known hypersensitivity to the active substance botulinum toxin type A or to any of the components in the formulation such as human serum albumin.
- Swallowing and Breathing Difficulties: Distant spread of the toxin may cause weakness of muscles that are used in breathing and swallowing. Patients with pre-existing neuromuscular disorders (eg..myasthenia gravis) should use caution with this medication. Seek immediate medical care is swallowing, speech or respiratory disorders arise.
- 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.

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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 health care provider and that they 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 provider 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 provider, the person performing the XEOMIN® injection, and the facility from liability associated with this procedure.

Patient Name (print) : _____

Patient Signature: _____

Date: _____

Counseling Provider:_____