

**FIBROMYALGIA & FATIGUE CLINICS CANADA**  
Informed Consent for Botulinum Toxin Neurolysis

I hereby request the undersigned physician to inject Botulinum Toxin into muscle tissues in an attempt to decrease muscle tightness, spasticity and/or pain. I have been informed that this is an unlabeled use for the toxin. The details of this procedure have been explained to me in terms I understand. Alternative methods and benefits and disadvantages have been explained to me.

I understand and accept the most likely risks and complications of Botulinum Toxin Injections, which include but are not limited to:

- |   |                                      |   |
|---|--------------------------------------|---|
| • Eyebrow Ptosis (drooping)                                     | Pain and soreness at injection sites | Allergic reactions                            |
| • Tingling  | Paralysis or partial paralysis       | Loss or loss of function of any limb or organ |
| • Severe loss of blood  | Disfiguring scars                    | General disappointment                        |
| • Infection   | Needle Breakage                      | Numbness                                      |
| • Trauma to nerves  | Vasovagal Reaction (fainting)        | Pneumothorax with chest wall injections       |
| • Soft tissue swelling, bruising, redness or hematoma formation |                                      |   |

There may be other unspecified risks and unknown long-term risks. I understand and accept that there are complications, including the remote risk of death, cardiac arrest, brain damage or serious disability that exists with any surgical procedure.

I realize that during that the course of this procedure other conditions may arise which require immediate attention and I hereby consent to any additional procedure or treatment which the physician deems necessary or appropriate to treat such conditions. I also understand that the treatment may be ineffective or have a limited duration of effect. I have been fully informed on the procedure that is to be undertaken and of available treatment alternatives, such as oral medications, therapeutic modalities, myofascial massage, therapeutic massage etc.

I understand that I may terminate the above procedure at any time that it may be safely terminated as determined by the physician.

I have informed the physician of all my known allergies, I have informed the doctor of all medications I am currently taking, including prescription drugs, over the counter remedies, herbal therapies and supplements, aspirin and any other recreational drug or alcohol use. I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

I have been informed of what to expect in the post-injection period, including but not limited to: estimated recovery time, anticipated activity level and the possibility of additional procedures. The physician has answered all of my questions regarding this procedure.

I certify that I have read and understood this treatment agreement and that all the blanks were completed prior to my signature.

I authorize and direct {Dr Ian Hyams}, with associates or assistants of his choice, to perform the procedure of Botulinum Toxin injections on \_\_\_\_\_ (name). I further authorize the physician(s) and assistants to do any other procedure that in their judgement may be necessary or advisable should unforeseen circumstances arise during the procedure.

Signature Patient or Legal Representative	Relationship to Patient	Date
Print Patient or Legal Representative Name	Signature Witness	Date

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

Dr Ian Hyams	Date