

Neurology Medical Group of Diablo Valley, Inc.

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Diplomates of the American Board of Psychiatry and Neurology (Neurology)
General Neurology • Electroencephalography • Electromyography • Clinical Research

Consent Form Off Label Use of Botulinum Toxin Neurolysis

I hereby give permission to the undersigned physician to inject botulinum toxin into muscle tissues in an attempt to decrease muscle tightness, spasticity, and/or pain. I have been told this is an unlabeled use (not FDA approved) for the toxin. I have been instructed that the material risks in this procedure include pain, soreness, swelling, redness at injection sites, allergic reactions, infection, numbness, tingling, paralysis or potential partial paralysis, loss or loss of function of any limb or organ, severe loss of blood, pneumothorax, disfiguring scar, cardiac arrest, brain damage, and death. There may be other unspecified risks and unknown long-term risks. I realize that during 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. The treatment is likely to have a limited duration of effect lasting approximately three months and further injections may be required to maintain benefit.

Patient Signature

Date

Witness Signature

Date

Physician Signature

Date