

INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT FOR BRUXISM

This informed consent form provides written information about the risks, benefits, and alternatives of botulinum toxin treatment for bruxism. It serves as a supplement to the discussion you have with your healthcare provider.

Botulinum toxin (e.g., Botox®, Xeomin®) is a neurotoxin produced by *Clostridium botulinum*. It relaxes facial and neck muscles to alleviate issues such as facial pain or bruxism. Injecting botulinum toxin into the mastication muscles blocks signals that cause grinding and clenching. The procedure uses a diluted solution injected with a thin needle, causing minimal discomfort and takes about 5–10 minutes. Small amounts of purified botulinum toxin injected into muscles cause temporary weakness or paralysis, appearing within 10–14 days and lasting up to 3 months (shorter or longer for some individuals). A small percentage of individuals may experience less satisfactory results or no response at all.

Alternative Procedures

Alternatives to botulinum toxin treatment include, but are not limited to: No treatment, use of a mouth guard, dental corrections, stress and anxiety management, behavioral changes.

Risks and Complications

As with any medical procedure, there are inherent risks. Potential risks include, but are not limited to:

- Post-treatment discomfort, swelling, redness, and bruising.
- Post-treatment of bacterial or fungal infections requiring additional treatment.
- Allergic reactions.
- Flu-like symptoms

Pregnancy, Allergies & Neurologic Diseases

I confirm the following:

- I am not pregnant, trying to become pregnant, or nursing.
- I do not have allergies to toxin ingredients or human albumin.
- I do not have any significant neurologic conditions (e.g., myasthenia gravis, multiple sclerosis, Lambert-Eaton syndrome, ALS, Parkinson's).

Payment

I understand this is an elective procedure, and payment is my responsibility and due at the time of treatment.

Acknowledgment and Consent

I understand that this is an elective procedure, and I voluntarily consent to botulinum toxin injections for bruxism. The procedure has been fully explained to me, and I have had the opportunity to ask questions, which have been answered to my satisfaction.

I accept the risks and complications associated with the procedure and understand that no guarantees are implied regarding the outcome. I will inform my healthcare provider immediately if my medical history changes.

Patient Name: _____ Date: _____

Signature of Patient or Legal Guardian: _____