

Brain and Spine Center
Chemodenervation of Cervical Nerve (CPT 64616)

Patient Name: _____ DOB: ____/____/____

Treatment Date: ____/____/____ Date of last treatment: ____/____/____

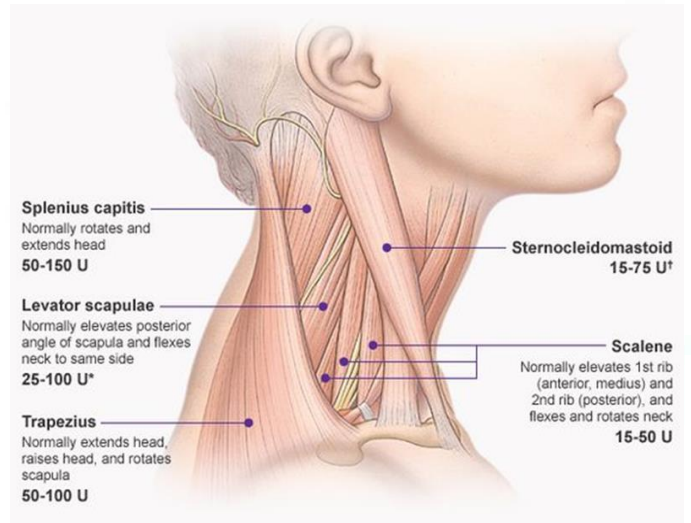
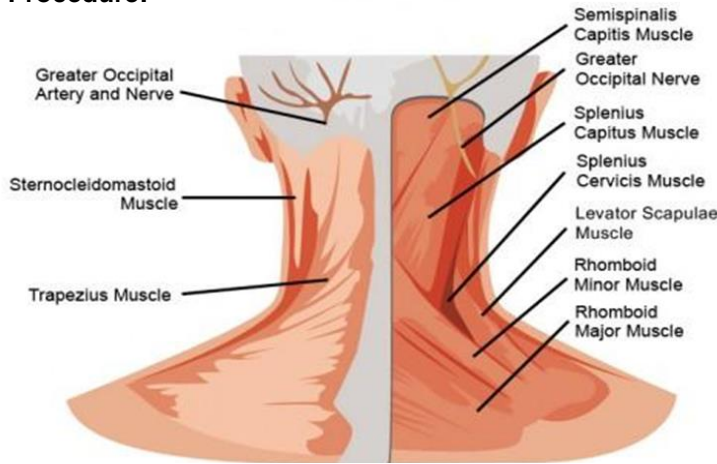
Consent: I understand there may be some element of risk from a Botox injection, such as: (initial)

- ____ Bruising at an injections site is not uncommon
- ____ It may be more difficult to chew, if the chewing muscles are affected
- ____ The neck may feel weak or easily fatigued
- ____ Spread of toxin effects. In some cases, the effect of Botox may effect areas away from the injection site, causing generalized weakness, double vision, blurred vision and/or loss of bladder control.
- ____ Problems swallowing, speaking or breathing. This time of adverse reaction can happen hours to weeks after injection of Botox. More likely to occur in children or the debilitated.

Patient signature: _____ Date: ____/____/____

- Exam:** ____ Abnormal head position evident on exam ____ Muscle spasm seen with EMG
 ____ Contracture of neck seen on X-Ray ____ Muscle spasm palpated

Procedure:



Injection sites:

- | | |
|---|---|
| Sternocleidomastoid: Right: ____ Left: ____ | Levator Scapulae: Right: ____ Left: ____ |
| Trapezius: Right: ____ Left: ____ | Rhomboid Minor: Right: ____ Left: ____ |
| Semispinalis Capitis: Right: ____ Left: ____ | Rhomboid Major: Right: ____ Left: ____ |
| Splenius Capitus: Right: ____ Left: ____ | Total Units injected: _____ |
| Splenius Cervicis: Right: ____ Left: ____ | Total Units discarded: _____ |

Physician Signature: _____ Date: _____

Revised 7/1/17.sdm