

CYTOTEC
(Misoprostol)

Misoprostol is a drug used to cause birth induction by uterine contractions and the ripening (effacement or thinning) of the cervix.

Patient's
Initials

_____ I am aware that Cytotec does *not* have FDA approval for use in pregnant women.

_____ I am aware that physicians have been using Cytotec for cervical ripening and for induction of labor, as an off-label use of the drug.

_____ I am aware that Cytotec is currently contraindicated for use in pregnant women.

_____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

_____ I understand and accept that the most likely material risks and complications of Cytotec have been discussed with me and may include but are not limited to:

- *amniotic fluid embolism*
- *fetal bradycardia*
- *hysterectomy or salpingo-oophorectomy*
- *maternal or fetal death*
- *pelvic pain*
- *retained placenta*
- *severe vaginal bleeding*
- *shock*
- *uterine hyperstimulation*
- *uterine rupture or perforation*

_____ I have informed my physician of all previous surgeries.

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, 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 am aware and accept that no guarantees regarding the use of Cytotec have been made by my physician.

_____ I have been advised of the probable consequences of declining recommended or alternative therapies.

_____ The doctor has answered all of my questions regarding Cytotec.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., to administer the drug

Cytotec (Misoprostol) to me, _____, for the purpose of
(patient name)
cervical ripening/induction of labor.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

Continued

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Physician Signature/Date/Time

initial copy given to patient

initial original placed in chart

SAMPLE