**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 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

_______ copy given to patient
initial

_______ original placed in chart
initial