



Patient Injection Informed Consent Form

Patient Name:

Date:

Physician:

1. I hereby authorize the physician above to preform an injection.
2. I understand that this is a procedure performed by placing a needle into the joint, muscle or tendon. The goal of the injection depends on the type of procedure.
3. My doctor has explained to me that this procedure generally is safe, but that certain risks accompany any surgical procedure. Risks associated with injections include the following:
 - a. Pain associated with the procedure;
 - b. Injection into an artery or vein if the needle tip was misplaced;
 - c. Damage to a nerve or joint surface from the needle or medication;
 - d. Rare introduction of infection into the tissue;
 - e. Increased pain after the injection of medication, or post-injection flare reaction;
 - f. Rare, unusual reactions, including possible death, following any surgical procedure.
4. I understand that there are alternative diagnostic and treatment options to this procedure. I understand that I can refuse this procedure.
5. I understand that unforeseen conditions may alter the planned procedure. I give permission to my doctor to alter the procedure

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO TREATMENT AND THAT THE EXPLANATIONS REFERRED TO WERE IN FACT MADE TO ME AND THAT THE FORM WAS FILLED IN PRIOR TO TREATMENT. BY INSERTING YOUR NAME BELOW, I ACKNOWLEDGE MY UNDERSTANDING OF THE INFORMATION ABOVE AND THAT I AGREE TO PROCEED WITH THE TREATMENT AS PROPOSED.

Signature of patient _____

Signature of parent or guardian _____

Note: When a patient is a minor and incapable of consenting to the treatment or the law requires parental/guardian consent, the consent of a parent, guardian must be obtained.

BY INSERTING YOUR NAME BELOW, I ACKNOWLEDGE THAT THE PATIENT/PARENT/GUARDIAN APPEARS ABLE TO UNDERSTAND THE TREATMENT PROPOSED AND THE INFORMATION PROVIDED CONCERNING THE TREATMENT

Signature of Witness _____