

Name/ID#: _____

Date: _____



INFORMED CONSENT FOR PROCEDURE

You have a source of pain that has not been relieved by routine treatments. A procedure is now indicated for further evaluation or treatment of your pain. There is **no guarantee** that a procedure will cure your pain, and in rare cases, it could become worse. The degree and duration of pain relief varies from person to person, so, after your procedure we will re-evaluate your progress, and then determine if further treatment is necessary.

Tell the physician if you are taking any blood thinners, such as **Coumadin, Plavix, Pradaxa, Eliquis, Brilenta or other blood thinners** as these can cause excessive bleeding. Tell your physician if you are experiencing fever, cold or flu symptoms, ongoing infections of any type.

You understand that are serious risks to a pregnancy survival with the exposure to these medications or X-ray involved. If you are or could be pregnant do not proceed with the procedure unless previously cleared by your ob/gyn.

The incidence of serious complications listed above is very low. Your physician believes the benefits of relieving or better diagnosing your pain outweighs the risks.

Risks include infection, bleeding, bruising, allergic reaction, and increased pain, nerve damage involving temporary or permanent pain, numbness or weakness, even death.

(Please Initial):

(____)_____ Trigger Point Injections: additional risks are lung puncture requiring chest tube placement, shortness of breath or a hematoma (large bruise)

(____)_____ Botox Chemodenervation: additional risks include weakness of injected muscle.

(____)_____ Occipital, Supraorbital, Supratrochlear, Auriculotemporal Nerve Block

(____)_____ Joint or Bursa injection

