



INFORMED CONSENT FOR PROCEDURE

PatientName: _____ DOB: _____ Procedure: _____

You have a pain problem that has not been relieved by routine treatments. A procedure, specifically an injection or operation, 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, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary.

Alternatives to the procedure include medications, physical therapy, acupuncture, surgery, etc.

Benefits include increased likelihood of correct diagnosis and /or of decrease or elimination of pain.

Risks include infection, bleeding, allergic reaction, increased pain; nerve damage involving temporary or permanent pain, numbness, weakness, paralysis or death; air in lung requiring chest tube; tissue, bone or eye damage from steroids.

In addition to the above general risks, additional risks pertaining to each specific procedure are as follows :

Epidural/ Transforaminal Epidural/Facet Joint, Medial Branch Block, Sacroiliac Joint, Selective Nerve Root: Infection, bleeding, allergic reaction, increased pain; nerve damage involving temporary or permanent pain, numbness, weakness, paralysis; tissue, bone or eye damage from steroids; temporary weakness/numbness of arm or leg; headache requiring epidural blood patch.

Discogram, Intradiscal Procedures: Infection discitis

Radiofrequency Denervation: nerve damage

Spinal Cord Stimulator Im/Explant: Infection requiring hospitalization and removal of stimulator, meningitis, nerve damage.

Joint injection (Hip, Shoulder, Knee, Elbow, etc.: Bleeding, infection, allergic reaction, nerve damage, increased pain.

Some of the medications used in the injections are off-label.

The incidence of serious complications listed above requiring treatment is very low. Your physician believes the benefits of the procedure outweigh its risks or it would not have been offered to you, and it is your decision and right to accept or decline to have the procedure done.

I have read or had read to me the above information. **I understand there are risks involved with spinal procedures, to include rare complications, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to any procedure.**

Patient or his/her legal guardian

Date

Witness

Physician Declaration: I and/or my assistant have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient’s questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

Physician

Date