



3545 San Dimas St.  
Bakersfield, CA 93301  
Office: 661-326-1576  
Fax: 661-326-1598

2901 Sillect Ave. Ste 201  
Bakersfield, CA 93308  
Office: 661-327-2101  
Fax: 661-327-2554

1526 S. Mooney Blvd.  
Visalia, CA 93277  
Office: 559-802-5342  
Fax: 661-578-6597

**INFORMED CONSENT FOR INJECTION THERAPY**

I \_\_\_\_\_ have been advised and it was recommended by my physician for me to receive treatment in the form of Injection Therapy. In signing this form and based on the information that has been provided to me, I am consenting to and authorizing the procedures listed below, use of medications necessary to complete the treatment and such other treatment as may be related to and necessary for my physician to complete this treatment. I also understand that in some instances it may be necessary and I am consenting to a series of treatments that may last four to six months. I also agree that in addition to the information contained in this consent, I have been provided with an opportunity to discuss this treatment with my physician and his/her staff.

**PROCEDURE(s)** (check applicable procedure)

- Corticosteroid injection** Body Part: \_\_\_\_\_ **Occipital Nerve Blocks - Greater / Lesser**
- Trigger Point Injection** Body Part: Cervical Musculature / Lumbar Musculature
- Synvisc injection** Body Part: \_\_\_\_\_ Lot: \_\_\_\_\_ Exp: \_\_\_\_\_

**MEDICATION ADMINISTERED**

**Corticosteroid injection:**

- 1. Depo Medrol 40 mg/ml Lot: \_\_\_\_\_ Exp: \_\_\_\_\_ Quantity: \_\_\_\_\_ cc
- Lidocaine 1% 10mg/ml Lot: \_\_\_\_\_ Exp: \_\_\_\_\_ Quantity: \_\_\_\_\_ cc

**Trigger Point Injection – Cervical Musculature 10 cc Syringe**

- 2. Depo Medrol 40 mg/ml Lot: \_\_\_\_\_ Exp: \_\_\_\_\_ Quantity: \_\_\_\_\_ cc
- Lidocaine 1% 10mg/ml Lot: \_\_\_\_\_ Exp: \_\_\_\_\_ Quantity: \_\_\_\_\_ cc

**Occipital Nerve Blocks – Greater / Lesser 5cc Syringe x 2**

- 1. Depo Medrol 40 mg/ml Lot: \_\_\_\_\_ Exp: \_\_\_\_\_ Quantity: \_\_\_\_\_ cc
- Lidocaine 1% 10mg/ml Lot: \_\_\_\_\_ Exp: \_\_\_\_\_ Quantity: \_\_\_\_\_ cc

**Benefits and Risks**

Injection Therapies are a medically recognized set of procedures that are frequently utilized for conditions involving musculoskeletal injuries and longstanding pain and discomfort. In almost all cases, Injection Therapy is considered safe, minimally invasive with minimal risk of complications, and is done by a physician. I also understand that Injection Therapy MAY alter and decrease my pain complaints, but the treatment is not a guarantee from my physician that my pain will be completely eliminated.

In signing this form, I am agreeing that my physician has reviewed with me and I understand that possible alternatives to Injection Therapy are:

- 1. Refuse treatment at this time Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- 2. Surgical intervention
- 3. Steroid injection
- 4. Continued manual therapy
- 5. Alternative treatments (specify and initial) \_\_\_\_\_

In the absence of treatment, I understand that my pain may continue without relief and depending on my diagnosis, there may be additional musculoskeletal deterioration or other symptoms.

The general risks of Injection Therapy, depending on the actual procedure may involve:

- 1. Allergic reactions
- 2. Pain at the injection site
- 3. Infection at the injection site
- 4. Temporary numbness or dizziness

*Extreme caution will be taken by the doctor to minimize any and all of the aforementioned complications.*

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date