

Informed Consent for Injection Therapies

I, _____, have been informed that all injection treatments are accompanied by possible risks. I understand that in all injection therapies there is commonly but not always: bruising, temporary increase in pain or discomfort, inflammation and temporary numbness. There is also a possibility of infection, allergic reaction, numbness, weakness or paralysis, spinal headache from spinal dural procedure, lung puncture, or death as a result of, or in relation to the injections.

I understand that types of injections may vary, depending on the problem or need. Injections may include nerve blocks, trigger blocks, intramuscular injections, scar injections (neural therapy), joint injections, tendon injections, ligament injections or prolotherapy.

I understand that insurance reimbursement for injections varies and that prolotherapy may be considered investigational or experimental by some carriers.

I give my permission for Dr. Navi Badesha to give me injections as he feels they are needed. I acknowledge that I have been given the opportunity to discuss the nature and purpose of the treatment; alternative methods of treatment; and the risks, complications and consequences associated with the administration of injections. I further acknowledge that any questions I have regarding the procedure have been answered to my satisfaction and that I have been further told that any additional questions I may have will be answered.

I HAVE READ (OR HAVE HAD READ TO ME) THE ABOVE "CONSENT". DR. BADESHA HAS EXPLAINED THE PROCEDURE(S) TO ME SO THAT I FULLY UNDERSTAND IT (THEM). NO GUARANTEE OF SUCCESSFUL TREATMENT HAS BEEN IMPLIED. I UNDERSTAND THAT I AM ENTITLED TO A COPY OF THIS CONSENT FORM UPON REQUEST AND THAT I MAY WITHDRAW THIS CONSENT UPON REQUEST IN WRITING AT ANY TIME.

Witness

Patient Signature
Parent, Legal Guardian or Relative

Date

PHYSICIAN DECLARATION: I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, the patient has been adequately informed and has consented.

Dr. Navi Badesha