

CONSENT FOR LUMBAR SPINAL & SACROILIAC INJECTIONS

I, _____, give permission to _____, MD, to perform the following injection (s):

_____, and any alternative injections or other diagnostic procedure upon me that they may deem necessary or advisable. This includes the use of fluoroscopy (X-Ray imaging) as part of the procedure. The benefit(s) of the injection, the risks, and the alternatives have been explained to me by the above-named surgeon, and no warranty of guarantee has been made as to the result or cure.

RISKS OF THE INJECTION(S) ARE:

Local infection, worsened pain, temporary increases in blood glucose levels in diabetic patients, and bleeding (see below regarding blood thinners and anti-inflammatory medications) can occur.

Injury to the covering of the spinal nerves, called the dura, can occur, causing a spinal fluid leak, headaches, and other problems which may, in rare cases, necessitate other procedures, even surgery, to stop the fluid leak.

Injury to the nerve root or roots can occur, with temporary or permanent pain, tingling, numbness, or even muscle weakness. Injury to the spinal cord can occur, including numbness and paralysis below the waist, with interference of bowel, bladder, or sexual function, which may be permanent.

Reaction to the medication, even allergic reactions, cardiac (heart) problems, and even death can occur.

Aspirin and Anti-inflammatory products (Advil, ibuprofen, Aleve, Motrin, naproxen, etc.) need to be discontinued 5 days prior to your appointment for the injection. If you take Coumadin, Plavix, aspirin, or any other blood thinners, these need to be stopped at least 7 days prior to the injection.

HAVE YOU HAD PREVIOUS LUMBAR INJECTIONS? YES NO

IF YES, WITH WHOM _____

* Are you currently taking any blood thinners? YES NO

* Are you currently taking any aspirin or aspirin product? YES NO

* Which side hurts? RIGHT LEFT BOTH

WOMEN ONLY: Are you pregnant? YES NO

Signature of patient/Legal guardian (relation to patient)

Date

Physician Signature