

Park Avenue Medical LLC

Trigger Point Injection Consent

Patient Name:	Date of Birth:
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I have been advised and it has been recommended by my treating provider for me to receive treatment for _____ 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 treatments as may be related to and necessary for my treating provider 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 treating provider and his/her staff.

Procedure(s)

Trigger Point Injections with/ without any of the following trigger point injection solutions or combinations of,

- _____ 2% Lidocaine / 0.5% Bupivacaine
- _____ Methylprednisolone / Triamcinolone Acetonide
- _____ 50% Dextrose
- _____ 0.9% Sodium Chloride

A description of each specific procedure has been discussed with me & the general benefits and risks are discussed below.

Benefits & Risks: Injection therapies are a medically recognized set of procedures that are frequently utilized for conditions involving musculoskeletal injuries, long standing pain and discomfort. In almost all cases, injection therapy is considered safe, minimally invasive with minimal risk of complications, and is done by a healthcare provider. I also understand that injection therapy may alter and decrease my pain complaints, but the treatment is not a guarantee from my provider that my pain will be completely eliminated.

In signing this form, I am agreeing that my treating provider has reviewed with me and I understand that possible alternatives to injection therapy are:

- ☐ Refuse treatment at this time.
- ☐ Surgical intervention
- ☐ Steroid Injection (Epidural)
- ☐ Continued manual therapy
- ☐ Alternative treatments (specify & 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 such as persistent somatic dysfunction.

The general risks of injection therapy, depending on the actual procedure, may include but are not limited too:

- ☐ Allergic reaction (which if untreated can result in death)
- ☐ Pain or infection at the injection site.
- ☐ Loss of tissue mass with or without cosmetic changes.
- ☐ Pneumothorax (punctured lung) during injection around the rib cage.
- ☐ Temporary numbness or dizziness.

Patient Signature

Date

Provider Signature

Date