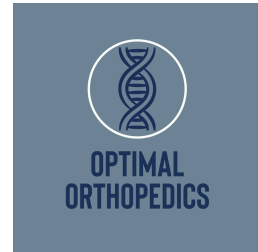


## Consent to Procedure



PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

I acknowledge that the following potential risks and complications of the procedure were explained to me. Risks and complications include, but are not limited to:

- Allergic reaction
- Increased pain temporarily or permanently
- Bleeding, bruising, and/or swelling at the injection site or joint. Patients on blood thinners (Ex: Eliquis, Plavix, Warfarin, Aspirin, etc.) are at increased risk of this
- Nerve injury or pain, such as numbness, pain or weakness
- Infection

I consent to this procedure having been informed of the benefits and risks as listed above, the nature of the condition for which the procedure is being performed, and the available alternatives, and their risks and benefits.

I understand that no guarantees or promises can be made relative to the outcome of the proposed procedure and that unforeseen circumstances arising during my procedure may require that alternative or additional procedures be performed.

Patient Attestation: I attest that Jeffrey Lingenfelter PA-C has informed me about this procedure and has discussed with me the risks and benefits of the procedure as well as alternative treatments. I have had the opportunity to ask questions, and any questions I have asked, have been answered to my satisfaction.

\_\_\_\_\_

**Patient Signature**

\_\_\_\_\_

**Date**