

Advanced Integrative Medicine
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TRIGGER POINT INJECTION CONSENT FORM

Patient: _____ Date: ____/____/____

1. In conjunction with the procedure *Trigger Point Injections*, I understand the following:
 - a. Nature and purpose of procedure (describe in laymen's terms)
 Injection of small muscles, spasms on _____
_____ with local anesthetic (1% OR 2% Lidocaine) Kenalog ,
Marcain, Sarapin or Traumeel (a natural anti-inflammatory medicine).
 - b. Material risks of procedure: ALLERGIC REACTION, BRUISING, INFECTION, SCARS, BLEEDING,
DIZZINESS AND IN RARE CIRCUMSTANCES, POSSIBLE COLLAPSE OF LUNG,
CARDIOVASCULAR AND/OR CEREBAL PROBLEMS

Other risks of procedure are: _____
 - c. Likelihood of success: Good Fair Poor Unknown because:
 - d. Practical alternatives to procedure: None Meds Modalities Therapy
 - e. Prognosis if procedure rejected: Good Fair Unknown because

2. **CONSENT**: The procedure identified above has been explained to me and all of my questions have been answered. I acknowledge that no guarantees have been made concerning the outcome of the procedure. I hereby consent to the performance of this procedure as ordered by:

3. To the best of my knowledge I have no known allergies to:
I have allergies to Lidocaine, or similar numbing medications
I DO NOT have allergies to Lidocaine, or similar numbing medications
I am currently taking a blood thinning medication (such as Coumadin)
I AM NOT currently taking a blood thinning medication (such as Coumadin)

Patient's Printed Name

Patient's Signature

Patient's DOB

Signature of Physician

Signature of Person Authorized to Consent
for Patient. Relationship to Patient:
Parent Guardian Spouse