

Injection | Aspiration | MRA Injection INFORMED CONSENT

Patient's Name: _____ Date of Birth: _____

Date: _____ Provider: _____

Patient Presents for: Injection with or without aspiration of the (site & side):

Patient Presents for: MRA injection of (site & side):

Medication Administered/Lot/Expiration Date:

1) _____

2) _____

3) _____

- Allergies reviewed
- The procedure, treatment alternatives, risks, and benefits were explained to the patient. The specific risks of bleeding, failure rate, infection, and possible continued pain were discussed in detail.
- Patient has diabetes YES | NO
- Patient is on a blood thinner YES | NO

I have reviewed the injection procedure with my provider and am aware of the risks and benefits. I have been provided with the opportunity to ask and have any questions answered and I therefore give my consent to the injection.

Patient | Guardian | Parent Signature

Date

Witness

Date