

Patient Name

DOB:

MR #

Index to Consent – Treatment/Procedures

Date: _____

Madison Surgery Center
1 S. Park Street-3rd Floor Madison, WI 53715
CONSENT TO MEDICAL OR SURGICAL
PROCEDURES, ANESTHETICS, DIAGNOSTIC
RADIOLOGY, AND MEDICAL SERVICES- PAIN

I request and allow Dr. _____, and/or other doctors, assistants, students, and staff

who may be assigned to my care, to perform on: _____ the following:

(Patient's name or "Myself")

Cervical **Thoracic** **Lumbar** **Sacral** **Head** **Face**

Level _____

- Nerve Block Medial/Branch Block Radiofrequency Cryotherapy
- Sympathetic Nerve Ganglion Plexus Block Pain Pump Refill
- Joint Injection (Facet/Sacroiliac/Sacrococcygeal/Hip/Knee/Ankle/Shoulder)
- Epidural Steroid Injection (Transforaminal/Interlaminar/Caudal)
- Other: _____

Needle will be guided into the previously discussed structure(s):

- the epidural space the sympathetic nerves the sacroiliac or hip joint
- the nerve root as it exits the spine into the disc(s) near a nerve
- the nerves from the facet joint the facet joint Other: _____

Check which side of the body the procedure is planned:

Right Left Midline Bilateral at _____ Level(s)

Sterile Fluids will be used to (1) Confirm correct needle placement and see the target structure (2) Numb the target structure (3) Decrease Pain (4) Lyse Nerves

Other: _____

Risks:

- Increased pain
- Steroid related side effects
- Headache
- Injury to the nerves and muscles at the injection site
- Additional Risks: _____
- _____
- _____
- _____

Rare Risks:

- Infection (<1 out of 1000)
- Bleeding (risk may be higher if using blood thinning medicine such as Warfarin, aspirin, etc.)
- Loss of function of arm or leg
- Paralysis
- Loss of function of one or more body organ(s)
- Pneumothorax (air outside of the lung)
- Brain damage
- Death

By signing page 2 (reverse side of form), I confirm that (1) I have read **both pages of this form**, (2) I understand the form and information given to me by my doctor or doctor's designee, (3) I have had the chance to ask questions and have had them answered to my liking, and (4) I give my consent to perform the operation(s) or procedure(s) listed above. The risks, benefits, and other options have been explained to me. I have also been told what may happen if I do not get treated and I agree to proceed.

