HEALTHCARE ASSOCIATES in Medicine, PC

PATIENT CONSENT FOR PERFORMANCE OF INJECTION / ASPIRATION

NEUROLOGY
Stephen A. Kulick, MD, FAAN, FACP
Florence Shum, DO
Steven Lin, DO

PEDIATRIC NEUROLOGY
Steven B. Schwartzberg, MD

NEUROSURGERY
John S. Shiau, MD, FACS
Ami Raval, MD

ORTHOPAEDICS
John P. Reilly, MD
Joseph J. Giovinazzo, MD, FACS
Vincent Ruggiero, MD
David Hip-Flores,MD
Hilary Alpert,MD
Lauren Grossman,MD
Jonathan Gross, MD
Alexander H. Tejani, MD

RADIOLOGY
Richard S. Pinto, MD, FACR
Salvatore DeSena, MD
Steven Sharon, MD

PAIN MANAGEMENT
Germaine N. Rowe, MD, FAAPMR
Glenn D. Babus, DO
Nakul Mahajan, MD

PHYSICAL THERAPY
Alejandro T. Mariano, PT Cert. MDT

OCCUPATIONAL THERAPY
Mona Samaan, OTR/L, CHT
Bart Zylewicz, OTR/L

NEUROPSYCHOLOGY
Marie Briody, PhD

ADMINISTRATION
Paul I. Berkley, FACMPE
Kathleen M. Tramontana

WEBSITE:
www.hca-si.com

Patient Name: _____ Date of Birth:_____

I hereby give my consent and authorization to _____ (provider), of Healthcare Associates in Medicine, PC, to perform the following procedure:

_____

I have been advised of the risks and complications associated with this procedure. If any unforeseen condition or event occurs in the course of performing this procedure or related activities I hereby authorize my provider or his associate to make any and all judgments or modifications to perform such other procedures in addition to or different from those contemplated, I further request and authorize her/him to do whatever she/he deems advisable.

Indications/risks of the procedure: Pain at injection site

Major risk: This procedure is performed knowing that there is the possibility of failure to obtain the desired result, discomfort, incurring a related injury, the requirement for additional or alternative treatment or therapy, and death, but not limited to:

- Infection
- Bleeding
- Side effects of medications
- Nerve damage/ paralysis
- Pain during the procedure
- Failure to relieve pain or increase pain
- Other conditions, result or unanticipated outcomes

I acknowledge that:

1. The nature and purpose of the procedure, the risks involved, alternatives and the possibility of complications, if any, have been answered to my satisfaction.
2. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantee has been made as to the results that may be obtained.
3. I further consent to the administration of such numbing and injection as may be considered necessary or advisable.

_____ _____

Date Patient Signature