

CONSENT FOR INJECTION/PROCEDURE

I, _____ hereby consent to the rendering of such care, which may include routine procedures and such medical treatments including Therapeutic injections as the physician(s) consider being necessary under these circumstances. I authorize the physician(s) and other health care professionals to order and/or administer any treatment and/or perform such procedures as may be deemed necessary or advisable in the diagnosis and/or treatment of my injury or illness. This form has been fully explained to me, including risks, side effects, and benefits of treatment and I am satisfied that I understand its content and significance.

Patient Signature

Date

Parent/Guardian Signature

Date

Witness

Date