

Orlando Arthritis and Rheumatology Clinic

INFORMED CONSENT FOR ASPIRATION AND/OR INJECTION

PROCEDURE(S)

I authorize _____ to perform the following procedure(s) on me for the treatment of my current medical condition, and I voluntarily consent to and authorize the following:

- Injection of a Local Anesthetic (numbing medication)
- Injection of Corticosteroid (Steroid anti-inflammatory medication)
- Injection of Viscosupplementation
- Injection of _____
- Aspiration of fluid (for a laboratory specimen or for relief of swelling and pain)
- _____

Patient's: Right Left Location: _____

I understand that medical procedures carry risks which may include infection, bleeding, unacceptable cosmetic results, allergic reactions, respiratory distress, cardiac arrest or death. I understand that there are risks associated with these particular procedures including but not limited to as outlined below:

For Aspirations (withdrawal of fluid), with or without injection of local anesthetic, risks include, but are not limited to: temporary worsening of pain, failure to relieve pain, temporary increased numbness and/or weakness, re-accumulation of fluid, infection, bleeding which may become excessive. I understand that my treatment plan may change based on the aspirated fluid's appearance and viscosity, as well as laboratory results.

For all injections, risks include, but are not limited to: redness or flushing of face, temporary stiffness or worsening of pain in joint, temporary increased numbness and/or weakness, failure to relieve pain, infection, subcutaneous tissue atrophy, injury to a nerve, loss of skin pigmentation (darker or lighter skin coloring in area of injection), an allergic reaction, bleeding which may become excessive, decreased bone density and increased risk of compression fractures or other fragility fractures, osteoarthritis (thinning of the cartilage space) from injections into joints, rupture of Achilles tendon, Patellar tendon or other tendon(s), a temporary increase in blood sugars for patients with diabetes, avascular necrosis for patients taking oral steroids long-term.

UNDERSTANDING AND ACKNOWLEDGMENT

I acknowledge that the following have been discussed with me and that I have an understanding of my current medical condition, the proposed procedure, including risks and benefits, probability of success, alternative treatments and their associated risks, as well as the risks of not having the procedure. I have had the opportunity to ask questions which have been answered to my satisfaction and agree to proceed.

CONSENT FOR TREATMENT

Signature of Patient or Authorized Person	Date	Time
Signature of Witness	Date	Time
I have discussed the proposed procedure, risks, benefits, and alternatives and reviewed with patient or authorized representative.		
Signature of Practitioner	Date	Time

INTERPRETER SERVICES

I have provided interpretation in _____ (type of language) of any verbal and/or written information, including this consent form, that have been provided to the patient/authorized person to consent.

Interpreter Name (print full name)	Date	Time
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Signature (or if remote source, indicate company used)