



## Interventional Procedures – Consent Form

I have been referred by my doctor to undergo:

- Ultrasound Guided Joint Injection       Ultrasound Guided Biopsy / Fine Needle Aspiration

The procedure indicated above is to be performed on .....  
(indicate body area, example: Rt Shoulder, L3/L4 Facet Jt.)

I acknowledge that I have been given the following information sheet/s which relate to my procedure:

- US1 - Ultrasound Guided Joint Injection     US2 - Ultrasound Guided Biopsy / Fine Needle Aspiration

I have read the information sheet/s indicated above and I understand:

- The risks and complications involved with this procedure, in particular, those that are specific to me.
- The medications being used in this procedure.
- Despite being performed with absolute due professional care, RMI cannot guarantee that this procedure will improve my condition.
- The health professional/s performing the procedure may be undergoing further training.
- I have the right to change my mind at any time, even after I have signed this consent form.
- The images recorded during the procedure will assist the doctor/health professional to perform the procedure and provide any appropriate treatment, if necessary.

I acknowledge that I have been given the opportunity to ask questions and raise concerns with the doctor/health professional about this procedure and its associated risks/complications. I also acknowledge that my questions and concerns have been answered to my satisfaction.

**Please indicate if you are allergic to the following medications:**

Anaesthetic      If YES, please specify.....

Steroids      if YES, please specify.....

Based on the above statements;

I do consent to undergo this procedure.

Name.....

Signature.....

Date...../...../.....