



DFW Neuropathy Knee Permit Consent Form

Written Consent: Consent to do procedure, anesthetics, and other medical services.

1. I, _____ authorize the performance for the following procedure(s):
Hyalgan knee injection(s) of the lower extremities to be performed under the direction of the DFW Neuropathy physician and/or medical staff including any additional indicated procedures such as knee aspiration(s).
2. I consent to the performance of procedures in addition to or different from those completed, whether or not arising from presently unforeseen conditions, which the above named doctor or his associate or assistants may consider necessary or advisable in the course of the procedure.
3. I consent to the administration of such medications or anesthetics as may be considered necessary or advisable by the physician responsible for the service including similar subsequent procedures.
4. I consent to the photographing or television of the procedures to be performed, including appropriate portions of my body for medical, scientific or educational purposes.
5. For the purpose of advancing medical education, I consent to the admittance of observers to the procedure room.
6. The nature and purpose of the procedure, benefits, alternative methods of treatment, risks involved, the possible consequences and the possibility of complications have been explained to me by the physician and/or medical staff. This explanation has been explained to me in a non-medical language in which I understand. I further acknowledge that the procedure is an elective, non-emergency type of therapy/surgery and that I have thought over all the information that the physician and/or medical staff has given me.
7. I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained. Although an excellent result is expected, the possibility of complications could arise. They may or could include although not limited to:

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|--------------------------------|------------------------|------------------------|--------------------|
| A. Knee Swelling/effusion | B. Local bleeding | C. Condition no better | D. Joint swelling |
| E. Local skin reaction | F. Injection site pain | G. Delayed healing | H. Joint infection |
| I. Gastrointestinal complaints | J. Headache | K. Medication reaction | L. Joint stiffness |

The above has been explained to me in non-medical terms and I acknowledge that all the underlined spaces on this document have been completed and explained to me prior to signing.

Patient signature

Date

Physician signature

Date