



# DALY INTEGRATED

MEDICAL GROUP

## TRIGGER POINT / VITAMIN / JOINT INJECTION CONSENT

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

R <input type="checkbox"/> L <input type="checkbox"/> Splenius Cervicis	R <input type="checkbox"/> L <input type="checkbox"/> Gluteus Medius
R <input type="checkbox"/> L <input type="checkbox"/> Levator Scapulae	R <input type="checkbox"/> L <input type="checkbox"/> Gluteus Maximus
R <input type="checkbox"/> L <input type="checkbox"/> Supraspinatus	R <input type="checkbox"/> L <input type="checkbox"/> Tensor Fasciae Latae
R <input type="checkbox"/> L <input type="checkbox"/> Longissimus Thoracis	R <input type="checkbox"/> L <input type="checkbox"/> Extensor Digitorum
R <input type="checkbox"/> L <input type="checkbox"/> Latissimus Dorsi	R <input type="checkbox"/> L <input type="checkbox"/> Extensor Digitorum Brevis
R <input type="checkbox"/> L <input type="checkbox"/> Deltoid	R <input type="checkbox"/> L <input type="checkbox"/> Quadriceps
R <input type="checkbox"/> L <input type="checkbox"/> Anterior Tibialis	
OTHER MUSCLE:	
R <input type="checkbox"/> L <input type="checkbox"/> Spine Cervical	R <input type="checkbox"/> L <input type="checkbox"/> Spine Thoracic
R <input type="checkbox"/> L <input type="checkbox"/> Spine Lumbar	R <input type="checkbox"/> L <input type="checkbox"/> Spine Sacral
R <input type="checkbox"/> L <input type="checkbox"/> Shoulder	R <input type="checkbox"/> L <input type="checkbox"/> Elbow / Wrist
R <input type="checkbox"/> L <input type="checkbox"/> Hip	R <input type="checkbox"/> L <input type="checkbox"/> Knee / Ankle
OTHER JOINT:	

In conjunction with the injection procedure of location(s) outlined above, I understand the following:

- Nature and purpose of procedure:** Injection of small muscles with local anesthetic (1% OR 2% Lidocaine), 25% Dextrose, B-12, Ultra Lipoburn, vitamins, amino acids, minerals, ozone, peptides, or Traumeel (a natural anti-inflammatory medicine) to reduce inflammation and relieve pain.
- Material risks of procedure:** allergic reaction, bruising, infection, scars, bleeding, dizziness and in rare circumstances, possible collapse of lung, cardiovascular and/or cerebral problems
- Likelihood of success:**  Good  Fair  Poor  Unknown
- Practical alternatives to procedure:**  Modalities  Therapy
- Prognosis if procedure rejected:**  Good  Unknown



# DALY INTEGRATED

— MEDICAL GROUP —

## TRIGGER POINT / VITAMIN / JOINT INJECTION CONSENT CONTINUED

**PATIENT CONSENT:** I intend this consent form to cover the entire course of treatment for my current condition. The procedure identified above has been explained to me and all my questions have been answered. I acknowledge that no guarantees have been made concerning the outcome of the procedure. I hereby consent to the performance of this procedure as ordered by the provider indicated below.

\_\_\_\_\_  
*Patient's Name*

\_\_\_\_\_  
*Patient's Signature*

\_\_\_\_\_  
*Date*

*Candice Vaknin, APRN*

\_\_\_\_\_  
*Physician's Name*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*