

Hawai'i Pain Center

2226 Liliha Street, Suite 407, Honolulu, HI 96817

☎ 808-445-9172 📠 808-445-9182

Procedure Informed Consent

I hereby authorize Damien Tavares MD to perform the following procedure(s):

- | | |
|---|---|
| <input type="checkbox"/> IV Conscious Sedation | <input type="checkbox"/> Nerve Block |
| <input type="checkbox"/> Spinal Cord Stimulator Trial | <input type="checkbox"/> Joint/Bursa Injection |
| <input type="checkbox"/> Epidural Injection | <input type="checkbox"/> Muscle/Ligament/Tendon Injection |
| <input type="checkbox"/> Radiofrequency Neurolysis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sympathetic Block | |

Level/Location: _____

Side: bilateral right left

Indication:

- Treatment of pain
- Diagnosis of pain
- To determine candidacy for a permanent spinal cord stimulator implant

Risks: include, but are not limited to, failure to provide relief, new pain, bruising, bleeding, infection, tissue or nerve injury, allergic reaction, headache, seizures, emergency surgery, and death.

Alternatives: do nothing, medication, physical therapy, psychological therapy, alternative medicine, and surgery.

PATIENT: I have been informed of the condition to be treated, the description of the proposed procedure (s), the intended results, the risks involved, and alternatives. I request the performance of the listed procedure (s) and any additional procedures if found to be medically necessary. I acknowledge that no guarantees have been made to me concerning the results of the procedure. My questions have been answered to my satisfaction. I am accompanied by an adult who will escort and drive me home after the procedure.

Patient

Signature

Date

Witness

Signature

Date