

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"/> Platelet Rich Plasma (PRP) |
| <input type="checkbox"/> Botox Injection | <input type="checkbox"/> Radiofrequency Ablation/Neurolysis |
| <input type="checkbox"/> Bursa/Joint Injection | <input type="checkbox"/> Spinal Cord Stimulator Trial |
| <input type="checkbox"/> Epidural Injection | <input type="checkbox"/> Sympathetic Block |
| <input type="checkbox"/> Discography | <input type="checkbox"/> Vertebral Augmentation/Kyphoplasty |
| <input type="checkbox"/> Muscle/Ligament/Tendon Injection | <input type="checkbox"/> VIA Disc Allograft |
| <input type="checkbox"/> Nerve Block | <input type="checkbox"/> Viscosupplementation Injection |

Level/Location: _____

Side: bilateral right left

Indication:

- Treatment of pain
- Diagnosis of pain
- Headache prophylaxis
- 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, spinal cord injury, cerebral vascular accident (stroke), 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

Damien Tavares, MD

Witness

Signature

Date