



Shawn Dalton-Bethea, MD

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Consent for Facet Joint Injections

Date ____/____/____

DOB: _____

Time: _____ AM / PM

ACCOUNT#: _____

1. I consent to the performance upon _____
the following procedure: Facet joint injections (through needles inserted into the joints of _____
your spine) we will inject medication inside the joints using x-rays to guide us.
2. I understand that this procedure is to be performed under the direction of **Dr. Shawn Dalton-Bethea**.
3. The nature and purpose of this procedure and the reasonable (1) alternative methods of treatments, (2) risks, (3) effect of no treatment, and (4) possibility of complications have been fully explained to me in terms I understand.
4. Information was provided to me and my questions were answered in terms that I understand, in order to make an intelligent and informed consent to the procedure.
5. I agree that no guarantee of results, success or cure has been given to me.
6. Risks and/or complications may include, but not limited to: bleeding, infection, increased pain, increased serum glucose, nerve injury, allergic reaction, menstrual irregularity or bleeding, leg edema, facial flushing, paralysis and death.
7. Anesthetic used during the procedure (1% Lidocaine, 2% Lidocaine) can cause transient back +/- thigh numbness. This typically resolves the day of the procedure.
8. Steroid used during the procedure has risks due to the particles that make up the steroid. Dexamethasone has the lowest risk of obstructing or clogging a blood vessel as the particles are smaller than the diameter of a red blood cell. However, Kenalog and Depo Medrol have the highest risk of clogging a blood vessel since their particles vary in size. This obstruction carries the risk of spinal cord and brain damage.
9. I understand that during the course of the procedure **Dr Shawn Dalton-Bethea** may consider it necessary or advisable to perform procedures or to render medical treatment in addition to that named in paragraph (1) because of conditions which may not be foreseeable. I therefore consent to the performance of such additional treatments and/or procedures as are deemed necessary or advisable. (Example would be IV placement or administration of medications such as Toradol and/or Benadryl)

Signature of Physician

Date

Signature of Patient

Date

Signature of Person Responsible & Relationship

Date

Signature of Witness

Date