239 Main Street

Spencer, MA 01562

508-885-6956

Informed Consent for Injections

Date_____

DRUGS AND MEDICATIONS: I understand that I may receive a local anesthetic and/or other medication. In rare instances, patients may have a severe reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing.

This increases the chance of swallowing or aspirating foreign objects during treatment. Depending on the anesthesia and medications administered, I may need a designated driver to take me home.

Rarely, temporary or permanent nerve injury can result from an injection.

_____ _____

Patient Signature Witness