

PRE-PROCEDURE INSTRUCTIONS

- **STOP** taking **Aspirin, Aspiring-containing products, Anti-Inflammatories, or Blood-thinners** for **5-7 days** prior to the procedure. These may include, but are not limited to: **Ibuprofen, Advil, Motrin, Alieve, Naprosyn, Daypro, Relafen, Voltaren, Coumadin, Warfarin, Plavix, Heparin, etc.** Call your pharmacist if you are in doubt of what your current medications may contain. Before stopping any blood-thinners, make sure to get your prescribing doctor's written clearance fax to our office, stating that you may be off your blood-thinners for the duration. If you neglect to follow these instructions, you will be required to do a Bleeding Time Test on the day prior to your procedure. You may be required to do PT/PTT/INR Tests.
- **DO NOT STOP** taking your **heart, blood pressure, or lung medications**. Bring your asthma inhalers with you. **You may take Tylenol for pain control.**
- If you are **diabetic or hypoglycemic**, your appointment should be scheduled **before 10:00AM**. Do not take your diabetes medications on the day of your appointment. However, do NOT forget to bring them with you. You will be asked to take your medications after your procedure is performed.
- **Inform Dr. Chen** if you are taking **antibiotics**, had **recent surgery**, have an **infection**, experiencing **chest pain**, or getting a **cold or flu**.
- You must **begin fasting and not consume alcoholic beverages at 12 midnight** the day of the procedure. Sips of water may be taken with medications.
- **Shower before procedure** using any skin cleansers. If undergoing a cervical procedure, men should be clean-shaven from chin to neck.
- **Dress casually. Wear socks. Please wear undergarments. Do not wear any jewelry.**
- You **MUST HAVE A DRIVER ALL THE TIME** accompanying you on the day of the injection except during the actual procedure. A cab driver is not considered a companion. Please park in the underground **parking at Mills Square Hillsborough Plaza**, entrance located on Ellsworth Street.
- Please **bring your most recent MRI, XRAY, and CT films** to the appointment. This is your responsibility.
- Please **read consent below and fill out the paperwork completely and bring it** with you to your appointment.

WHAT TO EXPECT ON THE DAY OF THE PROCEDURE

- Following check-in, you will be taken to a preparation room. Your designated driver may accompany you to this room. However, the driver will not be viewing the procedure.
- You will be asked to change, depending on the necessity and your procedure, to a pair of shorts and/or a half gown. You may choose to provide your own attire as appropriate.
- The staff member will then take your blood pressure and a brief history of your current region of concern. The staff member will mark the location that will be undergoing the procedure for verification purposes.
- You will have the opportunity to speak with Dr. Chen to review XRAY, MRI, CT, or other related lab results and voice any final concerns or questions before the procedure.
- The staff member will then escort you to the procedure room where you will be asked to lay flat on your stomach in most cases.
- The staff member will assist in the positioning and sterilization procedure before Dr. Chen performs the procedure.
- You will feel a cold spray as the region undergoing the procedure is locally anesthetized.
- Dr. Chen will guide the needle placement using live XRAY equipment.
- Dr. Chen will subsequently proceed with the procedure, which will be approximately 5 minutes in duration.
- Following the procedure, the staff member will assist in the cleansing and bandaging of the treated area.
- The staff member will escort you back to your preparation room, measure your blood pressure, and provide you with a light snack and beverage.
- You will be asked to stay and relax in the room with your designated driver, as Dr. Chen and the staff members want to ensure your stability before discharge.
- A staff member will then review the post-procedure instructions with you and answer any questions or concerns you may have.
- You will be provided with a copy of the post-procedure instructions, an antibiotics prescription, and a follow-up appointment date in two weeks.
- We hope you will feel better soon!

POST-PROCEDURE INSTRUCTIONS

- **Do not drive** within the next 12 hours. Coordination may be impaired. **Avoid** twisting, bending, turning, pushing, pulling, lifting >5lbs, walking uphill, physical therapy, excessive exercise, chiropractic work, swimming, massages, or bath tubs for one week even if you feel great! Showering is OK anytime.
- If you are **diabetic**, inform your attending physician. **Steroids elevate blood sugar**.
- **Cortisone or Steroid** can have the following side effects: sweating, slight fever, flushing, palpitations, increased heart rate, insomnia, anxiety, mood swings, depression, hiccoughs, headaches, generalized swelling, upset stomach, menstrual changes, frequent urination, or flu-like symptoms. If they occur, they usually only last for one week. If any of these side effects becomes significant or persists longer than one week, contact your physician.
- **Icing** the injection area 20 minutes at a time, 3 times a day, for 2 days, will reduce local soreness. Use an ice bag covered with a thin cloth.
- **Increased pain** may be experienced 1-14 days after the injection. **Improvement** may be seen in 2-3 days but may not occur for 2-3 weeks.
- **Return to work**: Usually, patients return to work 1-7 days following the injection. The doctor will determine this.
- **Resume ALL medications**. Antibiotics prescribed are for your precautionary safety to prevent infection. Please contact San Mateo Spine Center for any further question(s).

INFORMED CONSENT

I was given enough time and plenty of opportunity to ask Dr. Chen all questions about my spinal/musculoskeletal condition. Prognosis of my condition was discussed. I was presented with all treatment options, surgical vs. none surgical options about my condition. The proposed spinal procedure and its associated risks and benefits were discussed. I am aware that spinal injection is not a cure and may not eliminate all the pain I have. I am also aware that pain relief may be temporary and may not provide any long term pain relief. I am aware that I may require more than one injection for additional pain control. I was informed that the procedure will be performed as outpatient procedure in the office and only local anesthesia is utilized prior to procedure. I am aware I will not be put out and there is no general anesthesia involved. I was informed that with any injection procedure there are risks involved, such as vascular injury, vital organs injury, cardiac injury, lung injury, gastrointestinal injury, bleeding, infection, or neurological damage such as spinal cord injury, nerve injury, or brain injury. If bleeding complication does occur, a transfusion of blood products would be necessary. I was informed of the potential for spinal cord injury (paralysis) or nerve root injury, which can lead to permanent pain and/or weakness, and laceration of the spinal dura, which can lead to prolonged spinal headaches and will require a blood patch in the hospital. The spinal injection occasionally causes infections which can occur in the disc, vertebral body, epidural space, soft tissue, muscle, and/or meningitis (brain infection) after injection procedures. The infection could lead to epidural abscess with paralysis or even death. If an infection does occur it will require prolonged hospitalization with IV or central line antibiotics and potentially will require surgery, and I also understand that some patients may have a severe flare-up in their pain for 1-2 weeks or prolonged period of time after an injection procedure. Rarely, injection may cause skin scar and tissue atrophy. In some individuals the injection can cause increase in pain temporarily, or in rare cases even be long lasting and permanent. If injection is performed in the neck and mid back spine, vital organs may be punctured, such as neck vascular structures, heart and or lung which may lead to serious cardiovascular injury and lung collapsed, which may require hospitalization and emergency medical care. Additionally, I understand that Dr.Chen may be injecting a variety of substances into the spine for diagnostic and/or therapeutic purposes. These substances include, but are not limited to, local anesthetics, corticosteroids, contrast agents, and antibiotics. Although unusual, adverse reactions to these medications can occur, including allergic reactions and temporary seizures. If corticosteroids are used there is a risk of reducing the immune system which can cause new infection, or exacerbate existing infection. Steroid can occasionally lower the immune system and leads to Shingles, Herpes Zoster. Steroid can make my Tuberculosis worse. Steroid may also make your osteoporosis worse and occasionally cause bony fracture or compression vertebral fracture. Occasionally steroids can cause irregular bleeding, and menstruation. Steroid can also cause ulcer and make my stomach ulcer worse. Steroid may also cause skin rash. Steroid can make my cataract worse. Steroid can increase my blood pressure. Steroid can also increase my blood sugar (hyperglycemia) which can cause diabetes and make my diabetes worse. Steroid can also make my adrenal glands not working properly leading to adrenal insufficiency syndrome. Steroid can also cause muscle, tendon damage and soft tissue atrophy. Psychologically, steroids can cause mood changes, such as increasing anxiety, depression, and insomnia. And occasionally it can cause psychosis and suicidal ideation. If I am on any anti depressant or any mood related medication, I understand I have to obtain psychiatric / psychological clearance and medical clearance for my spine steroid injection. Steroid can also make me gain weight and make me have a moon face. If I am on blood thinner, such as NSAIDs/Aspirin/Plavix/Coumadin and others, I also need medical and or cardiac clearance to be off blood thinner for my spinal injection. In rare cases, the steroid may cause aseptic necrosis of the hip (severe arthritis of hip) which may require hip surgery. If I am a woman, I am 100% certain that I am not pregnant now. I will take steps to be certain that I do not become pregnant over the period of time I am being treated. I understand that if I am

pregnant now or become pregnant during the course of treatment, there is a risk that my unborn baby could be damaged by one or more of the medications used for treatment, sedation, or anesthesia. If during the course of treatment, I become uncertain whether or not I might be pregnant, I will immediately notify my treating physician and discontinue the treatment until I am again sure that I am not pregnant.

CREDIT AGREEMENT

Although your insurance may pay for this service, your insurance frequently only pays a portion of the charges. Therefore, each patient or responsible party must understand these credit terms. Proceeds from your insurance will be promptly credited to your account. Any remaining balance must be paid within 30 days. Medicare Patient's Release of Information: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I understand that I am responsible for any remaining balance not covered by my insurance(s). Release of Information: I authorize the release of any medical information necessary to process this claim with my insurance carrier. I hereby certify that the information is true and correct. I understand that I am financially responsible for the unpaid balance of all accounts in the event that the authorization is insufficient to liquidate my account. I understand that the financial information herein supplied to me may be provided to a consumer credit bureau and/or to other health care providers involved in the performance of patient care. I understand that should my account be sent to collections or require litigation to liquidate, I will be responsible for any and all costs or fees incurred, including reasonable attorney fees. Assignment of Benefits: The undersigned assigns and hereby authorizes direct payment to the San Mateo Spine Center all insurance and plan benefits otherwise payable to or on behalf of the patient for services rendered. It is understood that I am financially responsible for charges not covered by this assignment. XRAY services: Vista Imaging Services, Inc. will be providing XRAY services during the procedure. You may see separate charges or fees on your insurance statement related to your procedure from Vista Imaging Services, Inc. Please call 858/622-0792 for any XRAY-related billing questions. Address: 5288 Eastgate Mall, San Diego, CA 9212. California state law guarantees that you have both the right and obligation to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by Dr. Chen. I was given enough time to read the consent form and I was allowed to ask all questions about the risks of the proposed procedure. I understand side effects of steroids. I have read and understand all of the above. I agreed with the proposed injection procedure. By signing below, I agree to comply with all of the pre- and post-procedure requirements. Furthermore, I acknowledge that I have discussed with the doctor, sought other opinions, understand, and accept the risks from this procedure and accept the side effects of steroids. By signing below, I do not hesitate to relieve the doctor and his staff from exercising due care on my behalf.

Patient's Printed Name:
Date:

Patient's Signature:

Witness' Signature:
Date:

Physician's Signature:



Guardian/Translator Printed Name:
Date:

Guardian/Translator Signature:

Medication(s) Allergies:

_Pharmacy:

Injection Informed Consent
US GUIDED/Right / Left / Bilateral

Lumbar / Cervical / Thoracic / Trigger Point / Facet joint / Epidural (Transforaminal or Selective) / SI joint / Coccyx
Shoulder / Knee / Hip / Elbow / Wrist / Thumb / Greater Trochanter Bursa / RF Neurotomy / MMB / Other _____

Dr. Chen discussed my medical condition with me. I was given enough time and plenty of the opportunity to ask Dr. Chen all questions about my spinal/musculoskeletal condition. Prognosis of my condition was discussed. I was presented with all treatment options, surgical vs. non-surgical options about my condition. The proposed spinal / musculoskeletal procedure and its associated risks and benefits were discussed. I am aware that spinal, or joint, or soft tissue injection is not a cure and may not eliminate all the pain I have. I am also aware that pain relief may be temporary and may not provide any long term pain relief. I am aware that I may require more than one injection for additional pain control. I was informed that the procedure will be performed as an outpatient procedure in the office and only local anesthesia is utilized prior to procedure. I am aware I will not be put out and there is no general anesthesia involved. 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Steroids can make adrenal glands not work properly leading to adrenal insufficiency syndrome. Steroids can cause muscle, tendon damage and soft tissue atrophy or wasting. Psychologically, steroids cause mood changes, such as increasing anxiety, depression, and insomnia. And occasionally it can cause psychosis and suicidal ideation. If I am on any anti-depressant or any mood related medication, I understand I have to obtain psychiatric / psychological clearance and medical clearance for my spine steroid injection. Steroids can cause weight gain and "moon face." If I am on a blood thinner, such as NSAIDs, Aspirin, Plavix, Coumadin and others, I also need medical and or cardiac clearance to be off the blood thinner for my spinal injection. In rare cases, steroids may cause aseptic necrosis of the hip (severe arthritis of hip) which may require hip surgery. If I am a woman, I am 100% certain that I am not pregnant now. I will take steps to be certain that I do not become pregnant over the period of time I am being treated. I understand that if I am pregnant now or become pregnant during the course of treatment, there is a risk that my unborn baby could be damaged by one or more of the medications used for treatment, sedation, or anesthesia. If during the course of treatment, I become uncertain whether or not I might be pregnant, I will immediately notify my treating physician and discontinue the treatment until I am again sure that I am not pregnant. I was given enough time to read the consent form and I was allowed to ask all questions about the risks of the proposed procedure. I understand side effects of steroids. I have read and understand all of the above. I agreed with the proposed injection procedure. By signing below, I agree to comply with all of the pre- and post-procedure requirements. Furthermore, I acknowledge that I have discussed the risks with Dr. Chen, been given the opportunity to seek other opinions, understand, and accept the risks from this procedure and accept the side effects of steroids. By signing below, I also agree that if complications or unseen circumstances arise before, during, or after my procedure, I hold Dr. Chen and his staff harmless from using any reasonable measures to address these issues.

Patient's Printed Name: _____ Patient's Signature: _____ Date: _____
Witness' Signature: _____ Physician's Signature:  Date: _____
Guardian/Translator Printed Name: _____ Guardian/Translator Signature: _____ Date: _____