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REQUEST FOR URGENT CARE / DEFERRAL FROM ER
PROCEDURE AND CONSENT FORM

PATIENT NAME: _____

PATIENT ADDRESS: _____

DATE OF SERVICE: _____

PATIENT COMPLAINT: _____

DIAGNOSIS & PROCEDURE:

US Prior to Procedure / US Needle Guidance

20 & Full 10 & Full 5 & Full Trigger Point Para Spinal Digit Tendon Joints

THE RISK AND BENEFITS INCLUDING BLEEDING, INFECTIONS, SEPSIS, MORBIDITY AND MORTALITY HAVE BEEN EXPLAINED TO ME.

SIGNATURE OF PATIENT OR CARE PROVIDER

DATE

WITNESS

DATE