



**ADVANCED CENTER
FOR SPORTS &
MUSCULOSKELETAL MEDICINE**

Consent For Treatment

By providing my signature below, I authorize an evaluation and treatment by the doctors and staff of Advanced Center For Sports & Musculoskeletal Medicine.

I understand Sports & Musculoskeletal Medicine treatment is not perfect and that many conditions are chronic and require ongoing care. I understand that medications have potential side effects, and there are risks/benefits to any medication prescribed.

Sports & Musculoskeletal physicians frequently perform in-depth physical exams on their patients. In addition, common procedures performed include ultrasound, splinting, bracing and casting. Regularly, other more invasive procedures are performed including incision with drainage, needle aspirations, & needle injection.

I understand that there are risks to any procedure performed. These include (but are not limited to) permanent skin discoloration, scarring, nerve damage, bleeding, and infection. I consent to having these procedures as part of my treatment.

I understand that most office visits are for consultation and evaluation and that minor surgeries, imaging, or procedures need to be scheduled for a separate office visit at a separate time.

This authorization and consent shall remain in use for all future visits to Advanced Center For Sports & Musculoskeletal Medicine

Print Name _____

Sign Name _____

Date _____