



## CONSENT FOR STEROID INJECTION

1. Intralesional and subcutaneous steroid injections are often performed to decrease pain, swelling, and inflammation. The procedure consists of a steroid suspension injected into the skin in a sterile fashion.
2. I understand there is a possibility of rare side effects such as dermal atrophy (temporary or permanent depression of the skin), permanent scarring, temporary redness and swelling, hyper- or hypopigmentation (a change in the color or pigment of the skin), and bruising. I also understand that multiple injections may be required before my condition improves and that my condition may not improve even after the injection(s).
3. I have read the above and understand it. I have been given the opportunity to ask questions and they have all been answered to my satisfaction. I accept the risks and complications of this procedure as stated above, and consent to the terms of this agreement.
4. I realize that not having the procedure is an option.
5. I hereby authorize **Dr. Daniel Liebertz** and such assistants as may be selected to perform the following procedure or treatment:

### **STEROID INJECTION**

I CONSENT TO THE TREATMENT OR PROCEDURE. I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_