

BERNARD ONG, MD

8551 W. Lake Mead Blvd, #251
Las Vegas, NV 89128

CONSENT FORM FOR CARE and /or INJECTION / ASPIRATION

I, _____ understand and voluntarily agree that (initial each statement after reviewing)

___ I agree to be evaluated and treated by Dr. Bernard Ong as deemed medically appropriate. I acknowledge that no procedure will be performed without having been provided appropriate information regarding treatment and possible side effects or consequences. Signing this document implies informed consent on the part of the patient. In this arena, Bernard Ong, MD is released from harm. Although the physician and staff will make efforts to obtain my appropriate medical history and information, the Practice shall not be held responsible for issues of omission or negligence on the part of the patient.

___ I further acknowledge that the Practice is not functioning as my primary care/family physician, and if there are issues dealing with my primary care or internal medicine, they may be referred to my primary care physician by the Practice. There may also be instances where Dr. Ong will refer me to additional specialty care and evaluation as needed.

___ As for my responsibility to the Practice, I agree to attend appointments, obtain MRI's and therapies as scheduled. Multiple missed appointments, or inappropriate behavior may result in termination of services and referral to their physicians. Multiple failures to cancel or no show for appointments will be subject to a charge for that visit.

___ As part of my care, I may receive injections of one kind or another. This joint injection may be a steroid, a hyaluronic acid series or PRP. This consent for treatment acknowledges that there can be RISKS from any injection. The risks, although rare, can include but are not limited to the following: pain, joint stiffness, discoloration, bruising, swelling, allergic reaction, infection, injury to blood vessels or nerves (temporary or permanent), dizziness or fainting, or bleeding. You may not encounter any discomfort or ill effects as a result of the injection.

___ I am aware that there are alternatives to an injection that exist for the treatment of my condition and may include the following: no treatment, surgical intervention, physical therapy, medications, alternative therapies.

If a procedure is going to be done, a further discussion will ensue, but you are encouraged to ask questions. We wish to empower you to seek a higher level of health by getting involved. Help us to understand you.

I hereby certify that I have read and understand this document.

Printed Name: _____

Signature: _____

Date: _____