



Consent for Arthrography

I, _____ authorize _____
M.D. or his associate _____ to perform
a _____ Arthrogram upon me.

I understand that this procedure requires the use of a local anesthetic (Lidocaine) as well as the introduction of a contrast agent (containing Iodine) into the _____ joint. I also understand that following introduction of contrast material, an MRI of the area being injected shall be performed.

Patient's Signature

Date

Witness

Date

If the patient is a minor, then a parent or guardian must sign:

Parent or Guardian

Date