

# Internal Medicine Specialists, P.C.

## INFORMED CONSENT FOR MEDICATION INJECTION

I, \_\_\_\_\_, hereby consent to and  
(Patient name)  
authorize the injection of therapeutic medication, either intramuscularly (into the muscle) or subcutaneously (under the skin) by Spencer I. Rozin, M.D. and/or Internal Medicine Specialists, P.C.

I understand that the injection consists of introducing a needle into the muscle or under the skin and insertion of medication for the purpose of treatment for my condition. Preparation for the test includes cleansing the skin with an antiseptic alcohol pad. This may cause some very minor local skin irritation.

There exists the possibility of certain complications from this injection. These include, but are not specifically limited to, pain, nerve damage, bleeding, swelling, an allergic reaction to the medication disability or death.

I authorize Spencer I. Rozin, M.D. and/or Internal Medicine Specialists, P.C., to perform any emergency procedures that are, in their professional judgement, necessary to treat such problems if they occur. I acknowledge that the procedure and its potential risks outlined above have been explained to me and I have had the opportunity to ask questions before giving this consent.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_