Ph: 313-749-0370 ● Fx: 313-447-2234

Authorization for Treatment

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1. I give Dr. Sarmast permission to conduct the following procedure(s):

   ☐ Hand Injection
   ☐ Knee Injection
   ☐ Wrist Injection
   ☐ Hip Injection
   ☐ Elbow Injection
   ☐ Shoulder Injection
   ☐ Ankle Injection
   ☐ Other

2. I agree to the above procedure or to a different procedure if the doctor thinks it is necessary at the time of the procedure.
3. The purpose of the procedure, methods of treatment, the risks involved, and the possible complications have been explained to my satisfaction. I acknowledge that no guarantee has been made as to the results of this procedure.
4. I consent to the administration of medications that may be considered necessary or advised by my physician.
5. For the purpose of advancing medical knowledge, I consent to the admittance of other physicians and personnel, trainees, and students into the procedure room.

Patient/Guardian: ________________________________ Date:____________