

## Great Lakes Spine Center

G-3239 Beecher Rd.  
Flint, MI 48532

(810)733-7560  
Fax: (810)733-2880

---

This paper serves as a legal document concerning the following procedure to be done by Dr Michael Wheeler:

### **Sacroiliac Joint Injection**

My signature on this document indicates my willing consent to the above named diagnostic procedure. The nature and benefits of the procedure, as well as the risks of the procedure, including the possibility of contrast reactions, have been fully explained to me. Any questions that I may have had have been answered to my satisfaction by the above named physician.

If I am currently taking Coumadin, Plavix, or Heparin, I have been notified that it is my responsibility to get permission from my prescribing physician to discontinue its use prior to the injection.

I authorize the named physician or his designees to initiate the proper and immediate course of action or treatment that may be necessitated if unforeseen conditions or events occur.

Is there any chance you are pregnant?     yes     no

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Signed by patient or person legally authorized to consent for patient)

WITNESS: \_\_\_\_\_