

## **CONSENT FOR PROCEDURE**

### ***Nerve Conduction Study and Needle Electromyography***

I, *(print name of consenting party)* \_\_\_\_\_, understand that

*(print patient name OR " I " if patient is consenting party)* \_\_\_\_\_ will be having a *Nerve Conduction Study (NCS)* and/or *Needle Electromyography (EMG) study*. Electrodes and sensors in conjunction with a needle will be placed into my body for the EMG. It has been explained to me that I may feel mild discomfort at the time of the EMG procedure. Minor bruising is a possible consequence from the *Needle Electrode Exam (NEE)*. In addition, the risks of **NCS/NEE** include but are not limited to bleeding, infection, nerve injury, pneumothorax and trauma to local structures. Risks also include electrical injury as well as pacemaker/cardiac defibrillation dysfunction.

Dr. Slattery has explained the reason(s) for the procedure(s), the procedure itself, and the possible risks to me.

\_\_\_\_\_  
**Signature (patient or guardian)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to patient (if guardian)**

\_\_\_\_\_  
**Witness (Please print and sign)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dr. Michael R. Slattery**

\_\_\_\_\_  
**Date**