



## Innovative Pain Solutions Centers

**(Interventional Pain Specialists)**

6911 Laurel Bowie Rd., Ste.212, Bowie, MD 20715

(P) 301.755.9500

(F) 301.747.6017

**And**

201 Pine Bluff Rd., Ste. 1, Salisbury, MD 21801

(P) 410.648.2000

(F) 410.946.8360

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **CONSENT:**

I certify that the information given is true and correct to the best of my knowledge. I have been informed that if I am uncertain about any questions on the form, I should ask the doctor or a member of the office staff. I give permission to the doctor to administer and perform such procedures as may be deemed necessary in the diagnosis and/or treatment of my condition.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_