INTRAMUSCULAR INJECTION

Informed Consent Document

Form No: EOF-001 **Rev. No / Date:** 2026 v09 / 10.07.2026

PATIENT PROTOCOL NO		DATE	
TURKISH ID / PASSPORT NO		DATE OF BIRTH	
PATIENT'S FULL NAME		SEX	
DIAGNOSIS			

1. Procedure to Be Performed

My doctor has explained to me that a medication will be injected by needle into a muscle (the buttock or another muscle group). Medication to be given: ..... (pain reliever / NSAID / antibiotic / vitamin B / muscle relaxant / cortisone, etc.).

This procedure is performed **in a clinic setting**, under sterile conditions, by experienced healthcare personnel.

2. Matters About Which I Have Been Informed

- The name, dose, and purpose of the medication
- Possible side effects and the risk of allergy
- I have informed my doctor about my previous drug allergies / chronic illnesses
- That I have the right to withdraw from this injection

3. Possible Risks and Complications

Very common (minor): Mild pain at the needle site, redness, hardness, temporary swelling

Rare: Local bleeding / bruising, temporary irritation of a nerve/vessel, dizziness, temporary change in blood pressure

Very rare: Allergic reaction (rash, shortness of breath, anaphylaxis), abscess / infection at the injection site, nerve injury

Extremely rare: Severe allergic reaction (anaphylactic shock)

The likelihood of these risks occurring is very low; however, should they occur, all necessary medical intervention is carried out at the clinic, and if needed, I will be referred to an advanced care center.

4. Patient-Specific Condition

The patient writes, in their own handwriting, any allergies, medications used, chronic illnesses, etc. **If there are none, writing "NONE" is sufficient.**

Signatures

	Full Name	Signature	Date / Time
Patient			
Patient's Legal Representative / Relative (Relationship: .....)			
Responsible Physician	**Dr. Özgür Akşan**		