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**Spinal Injection Procedure
Education Confirmation Form**

- _____ initial **Patient Information Sheet Received**

- _____ initial **Logistics and Possible Side Effects and
Complications of Procedure Explained by
Dr. Zaman and / or Staff.**

- _____ initial **I understand that I need a driver on the day
of my procedure**

Print Name _____

Signature _____

Date _____