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**INTRALESIONAL TRIAMCINOLONE (KENALOG)
INJECTION CONSENT FORM**

Date: _____ MR#: _____ Date of Birth _____

Name of Patient: _____

Purpose: Triamcinolone is a synthetic glucocorticoid corticosteroid that has marked anti-inflammatory action. It is prepared in sterile aqueous suspension suitable for injecting directly into a lesion on or immediately below the skin to treat a dermal inflammatory process. _____
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Indications: It is indicated for alopecia areata; inflammatory acne cysts; discoid lupus erythematosus; keloids and hypertrophic scars; inflammatory lesions of granuloma annulare, lichen planus, lichen simplex chronicus (neurodermatitis), psoriatic plaques, and other localized inflammatory skin conditions. _____
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Potential Side Effects: I understand that triamcinolone injection can potentially cause early and/or delayed adverse effects such as:

- pain
- impaired wound healing
- increased hair growth
- bleeding
- white or brown marks
- steroid acne
- infection
- telangiectasia
- skin thinning
- cutaneous and subcutaneous lipoatrophy (most common) appearing as skin indentations or dimples around the injection sites a few weeks after treatment

Although all reasonable efforts will be made to minimize the possibility of these potential complications, no guarantees can be made. _____
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Other Acknowledgements and Disclosures: I am able to read and understand English. I have had the opportunity to discuss this procedure with the physician or other professional who is to perform it and have had all of my questions answered to my satisfaction. _____
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Patient/Legal Guardian Signature _____ Date _____

Provider Signature _____ Date _____

Witness Signature _____ Date _____