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. ___ Initial

**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. ___ Initial

**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. ___ Initial

**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. ___ Initial

Patient/Legal Guardian Signature  Date

Provider Signature  Date

Witness Signature  Date