

**Neurology Clinic Of Maryland, Inc.  
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Consent Form**

Patient name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

MRN: \_\_\_\_\_

Patient's decision making capacity: self \_\_\_\_\_ (patient has decision making capacity)

Surrogate name and relationship: \_\_\_\_\_

Practitioner obtaining consent: \_\_\_\_\_

Practitioner performing treatment/procedure: \_\_\_\_\_

I \_\_\_\_\_ have read, agreed to accept and sign the consent for Treatment/Procedure for

\_\_\_\_\_ Nerve Conduction Study/EMG

\_\_\_\_\_ Botulinum Toxin Injection

\_\_\_\_\_ Lumbar Puncture (spinal tap)

\_\_\_\_\_ Skin Biopsy

\_\_\_\_\_ I have received the medication guide for botulinum toxin (brand name \_\_\_\_\_)

\_\_\_\_\_ I have received the information booklet for Nerve conduction study/EMG.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of surrogate: \_\_\_\_\_ Date: \_\_\_\_\_