



Informed Financial Consent Form for Cingal Injection

Patient Name: _____ **Date of Birth:** _____

Medical Procedure: _____

Description of the Procedure:

I, the undersigned patient, have been informed about the details of the medical procedure I will undergo.

Costs:

I have been provided with the costs associated with the procedure. This fee includes the consumables for the procedure:

<p>Total Cost: \$700</p> <p>Non-refundable Deposit: \$200</p>

Acknowledgements:

I acknowledge that I have read and understood the information provided in this Informed Financial Consent Form. I have had the opportunity to ask questions and discuss any concerns regarding the medical procedure and its associated costs.

I understand that the **deposit** I have paid for this procedure is **non-refundable**. If I choose to **cancel** my procedure, I will **not be refunded** my deposit.

By signing this form, I give my informed consent to proceed with the medical procedure mentioned above, understanding the financial implications involved.

Patient Signature: _____ **Date:** _____

Doctor's Signature: _____ **Date:** _____