

Regenerative Injection Therapy (Prolotherapy/Prolozone/Platelet Rich Plasma) Consent Form

I, _____ have been advised and consulted about the injection technique of Regenerative Injection Therapy (RIT), also known as Prolotherapy or Reconstructive Injection Therapy.

I have been advised that Prolotherapy is an established procedure technique used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improve function in some forms of arthritis. The technique may require the injection of local anesthetic (Procaine or Lidocaine), 15-25% Dextrose (sugar water), a mixture of vitamin B12 and folic acid alongside medical grade ozone and if needed to stimulate a stronger healing response the addition of Glycerin and/or Phenol. Occasionally, your own blood (autologous) is used. The sight of the injection is where the ligament or tendon attaches to the bone, at the joint capsule or inside the joint.

I have been informed that the procedure has been used on millions of patients and has been proven safe. The procedures may initially increase my painful area or reproduce my symptoms for one to three days (and occasionally as long as ten days) and then may decrease my pain complaints but may not completely eradicate them. I understand some insurance companies have determined this procedure to be experimental due to the lack of large research studies in the scientific literature.

I understand the BENEFITS of the procedure are improved or resolved pain, improved function, strengthened ligaments, and collagen production.

I have been informed that the ALTERNATIVES to Regenerative Injection Therapy are:

1. Do Nothing
2. Surgical Intervention may be a possibility
3. Injections with steroids may also be helpful, but usually do not give long lasting results.
4. Manipulation may be helpful in temporary pain relief
5. Acupuncture may afford some relief

I have been informed that the RISKS and COMPLICATIONS of RIT are:

- | | |
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| 1. Pneumothorax (collapsed lung) when injecting near the lungs | 8. Dizziness or fainting |
| 2. Stiffness in the injected joint | 9. Injury to the nerve and/or muscle |
| 3. Bruising | 10. Swelling after joint injections |
| 4. Headache during back injections | 11. Spinal cord injury during vertebral injections |
| 5. Itching at the injection sites | 12. Bleeding |
| 6. Allergic reaction to the solution | 13. Temporary or permanent nerve paralysis |
| 7. Nausea/vomiting | 14. Temporary blood sugar increase |
| | 15. There may be no effect from the procedure |

As with all IVs and injections there is always the possibility of pain, infection and even death

I have been informed that the risks of NO RIT are:

1. No relief of the pain
2. Continued instability of the damaged joint or ligament and probable worsening of my painful condition.

I consent to have my file accessed by Dr. Michael Prytula, ND, Psc. D, Dr. Mike UM, ND, Psc. D and all staff at Nature Medicine.

I understand that this procedure is usually not covered by insurance and I am responsible for the total charge myself. By signing this consent I agree to have this procedure performed.

Initial: _____

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CONSENT: _____ Print Name: _____

Name: _____ Date: _____
(Signature)

Address: _____ Telephone Number: _____

STAFF OR DOCTOR'S STATEMENT: I have fully presented to, _____ . The nature and purpose of Regenerative Injection Therapy (Prolotherapy/Prolozone/Platelet Rich Plasma) and the potential risks associated with it. I have asked if he/she has any questions regarding Regenerative Injection Therapy (Prolotherapy/Prolozone/Platelet Rich Plasma) and have answered those questions to the best of my ability.

Staff or Doctor's Signature

Date