

ADVANCED MEDICINE ALTERNATIVES, LTD.

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INFORMED CONSENT FORM

Please read carefully before signing.

I, _____ have had the injection procedure(s) and/or Prolotherapy/Prolozone and/or Neural therapy and/or medical acupuncture fully explained to me by Dr. George Kramer and all questions relating to them were addressed. *I understand the risks involved and that no guarantees as to results are to be assumed and none to be implied from these types of therapies.*

Prolotherapy/Prolozone has been described to me as an injection method to strengthen ligaments and tendons and stimulate healing. Solutions may contain dextrose, anesthetics such as lidocaine, Sarapin, vitamin B12, glucosamine, ozone, zinc, sodium morrhuate, methylprednisolone or other solutions. Multiple injections are made at ligament and tendon attachments to bone. Injection discomfort is expected, but may be lessened by oral medications or topical anesthetics. I understand that healing does not always proceed in a predictable manner and may take many weeks or months to experience full effect.

Neural Therapy consists of injection of anesthetic solutions such as procaine and lidocaine into skin, scars, teeth, ligaments, tendons, muscles (trigger point injections), joints, nerves, blood vessels and glands for the purpose of relieving pain, reducing spasms, regulating nervous system function and treating other dysfunctional states.

Side effects from Prolotherapy/Prolozone and Neural therapy may include stiffness, pain lasting usually less than a few days, numbness, tingling, dizziness, nausea and other symptoms. Rare, but possible complications from any injections include increased pain, swelling, bleeding, infection, numbness, weakness, spinal headache, respiratory difficulty, arrhythmia, allergic reaction, and/or death. Risk is usually related to the region being treated.

Medical Acupuncture does not involve injections but does consist of inserting very fine needles into the skin at specific points on the body. While risks are minimal, the most common can be fainting, possible bruising or very rarely, an organ penetration injury.

Dr. Kramer has summarized aspects of these treatment methods. Other treatment options, including no treatment at all, have also been discussed with their potential outcomes.

I certify that I have read and fully understand the above consent, and that any questions have been answered to my satisfaction. I hereby authorize Dr. George Kramer to perform the recommended procedures. I understand that because a series of injections, Prolotherapy/Prolozone treatments, Neural therapy or acupuncture may be needed, the same risks, as described above, will also apply to those subsequent treatments.

I further certify that unless indicated otherwise, I do not have a known bleeding disorder, I am not currently taking any blood thinners, and I do not have an allergy to corn extracts, fish or local anesthetics such as lidocaine. Agree Disagree (circle one) Explain_____.

Patient Signature

Date

Physician Signature

Date

Witness Signature

Date