GEORGE KRAMER, M.D.
Advanced Medicine
ALTERNATIVES

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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 other medical injection therapy 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. I also understand that these types of therapies are considered by some to be investigational and not standard of care. I have been informed to be well hydrated and to eat something before any procedures.**

Prolozone/Prolotherapy has been described to me as an injection method to strengthen ligaments, tendons, joints and stimulate healing. Solutions may contain dextrose, anesthetics such as procaine, lidocaine, vitamin B12, folic acid, glucosamine, ozone, methylprednisolone, homeopathics or other solutions. Multiple injections may be made in and around joints, and at ligament and tendon attachments to bone. Injection discomfort is expected and is usually well tolerated. 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 or lidocaine, and dextrose, 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, fainting 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. When on blood thinners there is an increased risk of bleeding. Total joint replacements or other implanted devices can increase the risk of infection.

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 treatment usually requires a series of injections, Prolozone/Prolotherapy treatments or Neural therapy 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, shellfish or local anesthetics such as procaine or lidocaine. Agree Disagree (circle one)

Explain_____

_____ _____
Patient Signature Date

_____ _____
Physician Signature Date

_____ _____
Witness Signature Date