



# Living Well Balanced

**Holistic & Integrative Health Care**

4600 Lake Boone Trail, Ste 210 (at Blue Ridge)  
Raleigh, NC 27607

## Informed Consent for Injection Procedures

Regenerative Medicine / Platelet Rich Plasma / Trigger Point Injections / \_\_\_\_\_

The undersigned patient/guardian does hereby acknowledge and confirm that they have received a consultation regarding their above specified injection, and said consultation shall not serve in any capacity as a replacement for their primary care physician/provider. The consultation is to discuss, without guarantee, the possibility that the administration of the said injection could provide some therapeutic benefit to the patient. It is further understood that the program designed for you, including any procedures or modalities (intravenous therapies, IM injection, joint injections) are not to be construed as treatments or remedies to diagnose, treat, cure, or prevent any disease or injury.

### Regenerative Medicine:

- The clinic is not offering Regenerative medicine as a cure for any condition, disease or injury. No statements or implied treatments on this document have been evaluated or approved by the FDA.
- The products manufactured by Predictive Biotech, and Human Cell and Tissue Products (HCT/PS) are derived from human placental, amniotic fluid and umbilical cord tissue that is recovered from a live, healthy donor during a live-birth procedure.
- These products have undergone extensive testing and screening to ensure safety and quality, including stringent donor selection criteria, infectious disease testing, and lot-release testing following standards delineated by the Food and Drug Administration (FDA).
- I also understand that as with any allograft, complications at the graft site may occur that are not readily apparent. These include, but are not limited to, transmission of a communicable disease; transmission of infectious agents such as viruses, bacteria, and fungi; and immune rejection and/or allergic reaction to the allograft.
- I also understand that these products are investigational and that all the risks associated with these products are not yet known.

### Platelet Rich Plasma Injection

- The practice is not offering PRP Therapy as a cure for any condition, disease or injury.
- No statements or implied treatments on this document have been evaluated or approved by the FDA.

### Trigger Point Injections

- The practice is not offering Trigger Point Injections as a cure for any condition, disease, or injury.
- To the best of my knowledge I have no allergies to lidocaine, bupivocaine, Traumeel and any of the combined components, or Sarapin. I was given the opportunity to ask and find out what components my specific injection is comprised of, and I'm not allergic to any of those to the best of my knowledge.

Some potential side effects and complications from injection procedures include, but are not limited to, bruising, swelling, excessive bleeding, syncope (passing out or light headed), increased pain and/or injury to the nerve or vessel. I have disclosed to my injection provider of any bleeding disorders or anticoagulants taken.

I understand that one or more of these products has been offered by my physician to be used as treatment for my medical condition. I am aware that other treatment options may be available, which include, but are not limited to, physical therapy, anti-inflammatory medications (oral and injectable), pain medicines and surgery.

Upon your authorization and consent, this Joint Injection, Bursa Injection, IM Injection, Tendon Injection will be performed on you by a Physician Assistant. All invasive procedures carry the risk of unsuccessful results, complication, injury, or even death from both known and unforeseen causes, and no warranty or guarantee is made as to results or cure. You have the right to be informed of the nature of the procedure and it's actual or potential risks, benefits, and side effects, as well as any reasonable alternative(s) and the side effects of such alternative(s). You also have the right to give or refuse consent to any proposed procedure or therapy at any time prior to its performance.

**Therefore, as stated above, your signature on this form indicates that:**

- 1. You have read and understand the information provided in this form and any attachment to this form.**
- 2. The procedure has been adequately explained as set forth above, along with risks, benefits, and other information described on this form.**
- 3. You have had the chance to ask any and all questions regarding this procedure.**
- 4. You have received all of the information you desire concerning the procedure.**
- 5. You authorize and consent to the performance of the procedure with complete understanding of it and its risks and benefits.**

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

MEDICAL PROFESSIONAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MEDICAL PROFESSIONAL SIGNATURE: \_\_\_\_\_