

## **Prolozone Therapy Consent Form**

I understand that Dr. Jennifer Jennings is recommending one or multiple intra-articular (joint) or subcutaneous (under the skin) activated oxygen therapies for me. These therapies, also known as Prolozone Therapy, although discounted by conventional medicine and unapproved by insurance companies actually have a long track record of safety and efficacy. In fact, Dr. Jennings has taken continuing medical education workshops and seminars which emphasize and teach the safest and most optimal application of these therapies.

I understand that these treatments enhance cellular oxygen utilization, blood flow, cellular healing, and pain relief. By way of protein-like molecules called cytokines these therapies stimulate immune system activity. I now know that depending on the type and dose of activated oxygen therapy I receive, some effects will be more anti-inflammatory and anti-microbial, whereas others will promote cellular regeneration and immune modulation. All of these therapies, to the extent that they enhance tissue oxygenation and blood flow, relieve pain and inflammation, up-regulate antioxidant enzyme defenses, and stimulate immune function, are beneficial for a broad constellation of medical conditions. I understand this research has been profusely documented in peer reviewed medical and scientific journals for decades and that the therapy(ies) Dr. Jennings has advocated are in no way unproven, dangerous, or experimental when administered within the limits and standards of her training.

I have been advised that Prolozone Therapy is an established technique for relieving joint pain and other pain complaints. This technique requires the injection of a local anesthetic and ozone gas, with or without other nutrients such as dextrose, B vitamins, low dose steroids, homeopathic remedies, and hyaluronic acid. The injections may be performed in or around joints, in subcutaneous tissues, or in muscle tissue.

I have been informed that the procedure has been used on thousands of patients and has proven to be generally safe. The procedure may alter and decrease my pain complaints but not completely eradicate them. I understand that the pain may worsen initially after the injection before it dissipates. I understand I will be provided pain reducing treatments that do not inhibit improved healing.

I have been informed of the alternatives to Prolozone Therapy and they are:

- No treatment
- Surgical intervention such as joint replacement and arthroscopic surgery
- Steroid injections in high doses
- Physical therapy or chiropractic care

I have been informed of the risks and complications of Prolozone Therapy and they are:

- Immediate pain at the injection site
- There may be no effect from the treatment
- Allergic reaction to the local anesthetic or other nutrients or medications
- Spinal cord injury from back injections
- Pneumothorax or air outside of the lung when performing injections around the chest wall or the back.
- Infection at the injection site
- Injury to nerve and muscles at the injection site
- Temporary or permanent nerve paralysis

[Type text]

I understand that the risks and complication rate of Prolozone Therapy are extremely low and that none of Dr. Jennings' patients have experienced allergic reactions, spinal cord injuries, pneumothorax, infections at the injection site, injury to nerves or muscles, or temporary or permanent nerve paralysis.

Since the human body is not the same as a household appliance, I understand Dr. Jennings makes no warranties or guarantees about these therapies with respect to my condition. I do, however, understand the broad application of these therapies to suboptimal oxygenation states, which is the underlying abnormality in almost every chronic and refractory malady. I further acknowledge that it is my right to cease activated oxygenation therapy at any time. Finally, I understand that my insurance carrier will likely not pay for activated oxygen therapies in spite of their safety, cost (relative to patent medicines), and effectiveness.

With full awareness of the above facts and considerations, I give my consent to Dr. Jennings for giving me one or multiple of these activated oxygen therapies.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_