

# Ozone & Surgical Gas Consent Form

**New Patient: \$500.00** (Office Visit & Ozone Gas/Surgical Gas Injection, One Area)

- **Follow-Up Visit and Any additional areas: \$300.00**

**\*\*NOTE: Ozone Gas & Surgical Gas is NOT covered by Insurance\*\***

I, \_\_\_\_\_ have had the injection procedure(s) and/or Ozone/or Surgical Gas explained to me by Dr. George Rucker 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 have been informed to be well hydrated and to eat something before any procedures.*

**Ozone** has been described to me as an injection method to strengthen ligaments and tendons and stimulate healing. Solutions may contain dextrose, anesthetics such as procaine, lidocaine, Sarapin, Vitamin B12, glucosamine, ozone, zinc, sodium morrhuate, methylprednisolone or other solutions. Multiple injections may be made in and around joints, and 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 the full effect.

**Surgical Gas** is currently being used in hospitals during Laparoscopic surgery and is now widely used to treat various diseases.

Side effects from Ozone Therapy and Surgical Gas 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. 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. Rucker 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 Rucker to perform the recommended procedures. I understand that because treatment usually requires a series of injections, Ozone treatments, Surgical Gas 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, fish or local anesthetics such as procaine or lidocaine. Agree or Disagree (circle one)

Explain:

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Patient Signature & Date