



Prolozone Injection Informed Consent

Prolozone is the injection of an oxygen/ ozone gas mixture with B₁₂ (for absorption) and Procaine (a local anesthetic) that is injected into joints, ligaments, tendons and soft tissues to stimulate healing. Ozone, which is highly activated oxygen, has been found to stimulate cell repair signaling. Oxygen is the most important nutrient for all cell functions. Damaged and injured tissues have often their “normal” blood supply. The therapy is accomplished by first injecting a local anesthetic into the area with vitamin B₁₂ and then the concentrated ozone gas is instilled.

There is a potential yet relatively minor risk of infection and bleeding during this procedure as any needle penetration carries that risk. Patients could also be allergic to anything (including ozone), which in the worst case scenario, could cause a life-threatening reaction. There is also the risk of mild pain or pressure from the gas administration even in the presence of the local anesthetic (i.e. procaine). This discomfort is expected to dissipate within a minute of the injection. A needle also carries the potential of striking a nerve which can result in a lightning bolt type feeling. There is also an inherent risk of a needle puncturing a lung when injections are administered to the upper back or chest – this is mitigated when needles are inserted at an angle.

There are no guarantees in any particular case of effectiveness. Your doctor has been highly trained in administering Prolozone injections and has years of experience with ozone therapy. He/she cannot guarantee success but truly believes that the treatment may help your painful condition.

Please sign below to indicate your full understanding and comprehension of the potential but minor risks associated with Prolozone therapy and give informed consent to receiving your treatment.

By signing below I release Dr. Anil George, North Florida Integrative Medicine and its staff/ affiliates/ their heirs from any and all liability for an untoward reaction that might result from this therapy.

Patient Printed Name

Date

Patient Signature

Witness Printed Name and Signature