



Prolozone™ Therapy Informed Consent

I, _____, have elected to have Dr Lambert perform Prolozone™ therapy on an injured and painful region of my musculoskeletal system. I have the responsibility as recipient of this therapy to inform Dr Lambert of contraindications (ie. Known allergy to local anesthetic ie. Procaine) prior to undergoing this treatment. I furthermore understand that my participation in this treatment represents a “good faith” effort by Dr Lambert. As such, should harm come to me, and since I am freely partaking in this treatment, I will hold harmless the provider of this treatment. Plus, I understand that I am likewise bidding my representatives, estates, successors and assigns hold harmless the physician provider of this treatment. I furthermore, have been advised and educated about the injection techniques of Prolozone Therapy. I understand that no warranty or guarantee has been made as a result of care. I have been given an opportunity to ask questions about my treatment, my condition, alternative forms of treatment, risks of non-treatment and of treatment.

I have been advised that Prolozone™ is used for two reasons. First, this treatment can reduce or eliminate pain. Secondly, it can repair and regenerate damaged tissues including ligaments, joints, tendons, bones, and cartilage.

Prolozone™ treatments require the injection of local anesthetic, vitamins, minerals, herbs, anti-inflammatory medication, dextrose (sugar), and oxygen in the form of Ozone. The most common result of treatment is a substantial and immediate decrease of pain and increase of function. However, in a few cases the procedure may initially increase my pain for one to three days.

I understand that many insurance companies have determined this treatment to be experimental due to lack of large research studies in the scientific literature and the insurance companies will not pay for this procedure. I understand that some or all aspects of the procedure may not be specifically approved by the FDA.

I have been informed that the RISKS and COMPLICATIONS of Prolozone™ are:

1. Immediate pain in the injection site
2. Increased pain lasting for up to three days
3. Fainting from the injection
4. Allergic reaction to the solution
5. Itching at the injection sites
6. Infection from the injection
7. Dizziness or fainting
8. Headache from spinal injections
9. Temporary nerve paralysis in certain low back injections
10. There may be No beneficial effect from the treatment
11. Pneumothorax (collapsed lung) when injecting near the lungs

With full awareness of the above facts and considerations,

I, _____, give my consent to Dr Lambert for giving me one or multiple Prolozone™ Injections

Print Name _____ Date _____

Sign Name _____ Witness _____