

Informed Consent for Treatment

This document is a binding agreement (the "Agreement") between Millennium Wellness, LLC ("Timothy Hawbaker, NP, L.Ac., / Christin Hawbaker, L.Ac.") and the individual patient whose name and signature appears below. In consideration of the health care services which may be provided to you by Timothy Hawbaker, NP, L.Ac. / Christin Hawbaker, L.Ac. at the present and at all times in the future, You agree as follows (your agreement is indicated by placing your initials on the lines following each section and by signing in the space provided):

1. **Consent for Treatment.** You understand that the practice of medicine is not an exact science and that diagnosis and treatment of any condition may involve risk of injury, infection or death. You hereby consent to and authorize Timothy Hawbaker, NP, L.Ac. / Christin Hawbaker, L.Ac. to provide you with health care treatments which, depending on your health conditions, may include one or more of the following procedures: Acupuncture, Massage Therapy, Intramuscular Injections, Herbal Medicine, Intra-Articular and Extra-Articular Injection Therapy, Trigger Point Injections, Manual therapy, Dietary and Nutritional Consultation, Prolozone™, Ozone Sauna Therapy, Platelet Rich Plasma Injections, Ozone Insufflation Therapy. You acknowledge that Timothy Hawbaker / Christin Hawbaker has not made any guarantees or promises as to the outcome or the safety and efficacy of the above listed treatments. **(Initials)** _____

2. **Experimental Nature of Treatments.** You acknowledge and agree that the treatments may consist in whole or part of experimental procedures and methods, in which no governmental (including the U.S. Food and Drug Administration), scientific or medical authority has confirmed the safety or efficacy thereof. You acknowledge that the safety and efficacy record of some of the Treatments are based on empirical and anecdotal evidence, which demonstrate that the Treatments appear to be safe and effective. You have been informed that the Treatments may alter, address, or decrease your pain, symptoms, or complaints, but also may have no effect. **(Initials)** _____

3. **Intravenous Therapy, Prolozone™, Injection Therapy Risks, Side Effects, Complications.** You are hereby informed that there are certain unavoidable risks and potential side effects and complications to the treatments, including; pain, bleeding, dizziness, numbness, allergic reactions, itching, headaches, soreness, inflammation, infection, tissue necrosis, bruising, metabolic disturbances. It is recommended that you plan to rest after receiving Prolozone injections and have someone drive you to and from your appointment.

(Initials) _____