

Dr. Luca Lioce – Vita Sana Medical Center

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Injection Therapy Informed Consent

I hereby request and consent to the performance of Triggerpoint Therapy, Prolotherapy, Prolozone, Ozone Therapy or PRP on me (or the patient named below, for whom I am legally responsible) by Dr. Luca Lioce and/or his associates.

I understand that the procedures listed above are alternative or complementary medical therapy and not an FDA approved procedure. It is therefore a non-reimbursable treatment by Medicare and insurance companies. I, thus, take full financial responsibility for the cost of any and all treatments provided.

Because of biochemical, physiological, anatomical and surgical variances, rebuilding of joint and/or pain management cannot be guaranteed and the results may vary vastly.

I understand that any injection therapy has some attendant risk including accidental injection of nerve (causing increased pain or prolonged numbness), artery, or vein, or introduction of infection. When injection the thorax (chest) there is risk of pneumothorax and when injecting the neck or spine there is a risk of epidural block. There is a risk of epidural puncture which maybe a medical emergency. There may be some achiness and pain, particularly later in the day and 2-3 days post-injection. Bruising may occur after the treatment and may last as long as two weeks.

I also understand that a possibility of an allergic reaction to the local anesthetic used with the treatment which may include redness, swelling, pain and/or breathing difficulties which may be life threatening.

I do not have allergies to lidocaine, marcaine, procaine, or shell fish.

Print Name

Date _____

Signature