



Injection Therapy Informed Consent



This form provides the patient with information about injection procedures they are scheduled to receive from FoRM or Elixia Wellness Group, including solutions injected, common reactions, side effects, risks, and treatment expectations.

Injection Therapy Definitions and Ingredients commonly Injected

Injection Therapy Descriptions	Ingredients used
<u>Trigger Points</u> : Injections into muscle, causing a muscle twitch, resulting in a reduction of muscle tension and pain	Anesthetics (procaine, lidocaine, bupivacaine), vit B12.
<u>Nerve/Fascial Hydrodissection</u> : Injections within connective tissue or very close to nerves, typically with ultrasound guidance, to relieve pressure around nerves, disrupt tissue adhesions, and reduce pain.	Dextrose (sugar), occasional anesthetic.
<u>Prolotherapy</u> : Injections performed into ligaments, tendons, or joints to stimulate a local inflammatory healing response, resulting in strengthening of ligaments and tendons and nourishing joints. Solutions include <i>sugar (dextrose)</i> ,	Dextrose (sugar), anesthetic, vitamin B12, and saline.
<u>Prolozone</u> : Injections performed subcutaneously, into ligaments, tendons, or joints to stimulate an anti-inflammatory or local healing response to reduce pain, stimulate tissue healing, and provide nutrients.	Dextrose (sugar), anesthetic, vit B12, vit B-complex, oxygen-ozone gas. *Micro-dose steroid may be added.
<u>Steroid</u> : Injections performed around tendons, or in bursa and joints, to reduce pain and inflammation.	Corticosteroid, anesthetic.
<u>Platelet Rich Plasma (PRP)</u> : Injections of concentrated platelets from the patients own blood performed at any level of the body (subcutaneous, muscle, tendon, ligament, fascia, and joint) to help regulate inflammation, reduce pain, and stimulate a healing response.	Patient's blood. Procaine and/or dextrose (sugar) may be added.

* Micro-dose steroid is 1/10-1/20th of typical dose for region.

Reactions and Risks

Common reactions to any type of injection can include tenderness at the injection sites. Possible complications with any type of injection include infection, increased pain, swelling, bruising, hematoma, nerve damage, numbness, weakness, allergic reaction, and/or death. Risk is usually related to the region being treated. Additional risks of injections placed near the spine, while extremely rare, include spinal puncture, headache, lung puncture or collapse, nerve root damage, or other severe complications that may require immediate hospitalization.

Common reactions to Prolozone, Prolotherapy, or PRP may include more moderate stiffness and soreness around the affected region or joint typically lasting 1-3 days, while less *commonly* reactions include moderate to severe pain lasting up to 3-5 days, and persistent mild-moderate soreness and stiffness for 1-2 weeks after injections.

Steroid injections may increase the risk for tissue weakness or degeneration, infection, fat atrophy, skin color changes, and tendon rupture near the site of injection. Systemic effects may occur in some patients, including flu-like symptoms, insomnia, restlessness, agitation, headaches, general swelling, increased heart rate, bloating, or temperature fluctuations. Diabetics should monitor glucose levels for a week after treatment as blood sugar levels may rise.

Contraindications, Expectations, and Consent

By signing below I certify that, unless indicated otherwise, I DO NOT have a known platelet or bleeding disorder, allergy to above medications, or active cancer. I understand that, particularly with PRP and prolotherapy, healing may take weeks to months before noticing a full effect and that these therapies typically require a series of injections, for which this consent will also apply. I understand that while scientific studies have been performed on all of the above injection therapies, some are still considered to be investigational. *I certify that I have read and understand the above form, understand the risks involved, have had all questions answered to my satisfaction, and consent to injection therapies.*

Patient Name

Patient Signature

Date