INFORMED CONSENT
NUTRITION AND INJECTION THERAPIES

Oriental and Natural Medicine is a healing system that includes multiple therapies such as acupuncture, herbal medicine, nutritional supplements, nutraceuticals, functional foods, physiotherapeutic modalities, and different types of injection therapies. The modern, integrative model of this medical system facilitates the body’s innate healing capability. To do so requires participation from the patient and this personal responsibility assists in one’s own health recovery. The patient is a proactive partner with the physician in the healing process. The statements below describe the treatment modalities which may be employed during your treatment and will assist your understanding and participation in the healing process.

1. **NUTRITIONAL AND HERBAL THERAPIES** include over the counter medications, and in some cases prescription preparations and those that are sold only to doctors, used for the prevention of disease, to manage the effects of aging, and for the natural treatment of illness. Common side effects included gastrointestinal upset, diarrhea, and though rare, possible allergic reactions. I understand that it is my responsibility to inform the treating physician of any allergic reactions I may have or had at any time in the past.

2. **INJECTION THERAPIES:** The use of intravenous and/or intramuscular nutrients (called parenteral nutrition), including amino acids, vitamins, minerals and other nutrients allows direct access to the metabolism without requiring proper or optimal functioning of the organs of digestion, including stomach, small intestine, large intestine, liver and/or pancreas as well as the entire ensemble of digestive enzymes. The use of nutrients in this way is referred to scientifically as orthomolecular medicine. In some cases the nutrients are used to induce optimal function of the metabolism. In other cases, the nutrients may be used in higher than replacement amounts to achieve a general or specific metabolic effect. In addition, the use of parenteral nutrition, including amino acids, vitamins, trophic factors and/or minerals and other natural substances is common in many chronic, degenerative diseases as general metabolic support for optimal self-healing. This therapy is also commonly used to help fight infections, treat allergies, and reduce the effects of stress. Forms of injection therapy include biopuncture, prolotherapy, neurotherapy, and mesotherapy. I understand that these therapies may be used, upon my consent, to treat my condition. Side effects are rare but may include allergic reactions to the medicinal or other substances contained in the compound, slight pain or stinging sensation at the site of the needle insertion, and bruising.

- **Mesotherapy:** Pioneered by the French physician, Dr. Michel Pistor, mesotherapy is a non-surgical injection technique with a broad range of applications. Mesotherapy promotes the body’s circulatory, lymphatic, and immune system to create a biological response. It involves the injection of a customized mixture of vitamins, amino acids, and homeopathic medication, placed just millimeters in to the skin. Mesotherapy is also used for cosmetic purposes such as weight loss, cellulite removal, face and neck rejuvenation, hair loss and alopecia. Other uses include smoking cessation, arthritis pain, carpal tunnel syndrome, muscle tension, anxiety, insomnia, and chronic infections. The possible risks and side effects of mesotherapy include but not limited to bruising, irritation, discomfort and bleeding at the site. Rare but reported risks include infection and allergic reaction manifested as redness, swelling, and discomfort in the injected sites. Other rare risks include wheezing, irregular heart beats, rapid heart rhythms, and elevated blood pressure. I understand the nature of the proposed procedure and the risks and damages have been explained to me. I also understand that I may terminate treatment at any time.

I understand that there have been no warranties, assurances or guarantees of successful treatment made to me. I desire to undergo this treatment after having considered the information contained in the document, the information provided to me through my conversations with treating physician and through materials provided to me by the office to educate me about the treatment. I understand that treatment is most successful when combined with diet and exercise. I acknowledge that I have had the opportunity to ask any questions of my physician with respect to the proposed therapy and the procedures to be utilized and all of my questions have been answered to my full satisfaction.

I fully understand that there are alternative treatments available for the reduction of wrinkles, cellulite, and pain. The following are a list of alternative treatments available, however, this list is not in any way considered conclusive of all other available treatments: Face lifts, liposuction, pain medication, dermabrasion, endermologia, nerve blocks, facial peels, prolotherapy and cortisone injections.
I understand that multiple injections are made subcutaneously consisting of homeopathic, nutritional, and or pharmaceutical preparations for aesthetic and/or therapeutic effects on the body, including, but not limited to, reducing cellulite deposits, localized body fat deposits, skin wrinkling, baldness, rejuvenation of facial and localized body wrinkled skin, and pain reduction, I understand that depending on the specific problem, degree of the problem and the specific area(s) of the body involved, a series of injections is administered every 3 to 14 days for a total of 5 to 15 or more sessions. I understand that the benefits of mesotherapy and other injection therapies are much greater if specific medical recommendations, regular exercise, weight loss, and diet are also followed. I understand that additional homeopathic and integrative support measures, therapy, such as nutraceuticals may also be recommended on an individualized basis as part of an overall treatment plan.

I understand the nature of the proposed treatment and the risks have been explained to my full satisfaction. I have had ample opportunity to ask any questions of my physician with respect to the proposed course of therapy and all questions have been answered to my full satisfaction. I understand that no warranties, assurances or guarantees have been made. I understand that I may discontinue treatment at any time.

I have been informed of the fact that my insurance company will consider mesotherapy as an “experimental or investigational” service and reimbursement will be denied. I understand that some but not all of the other services above may be covered by my insurance plan and that it is my responsibility to know which of these benefits are covered and to bill my own insurance.

In addition, I give permission for before and after photographs to be taken of the areas treated and said photographs to be used for promotional and educational purposes by Dr. J. E. Williams. My signature on this agreement will constitute a full and final release of any legal responsibility resulting from the administration of any and all therapies described above in my case, and/or any other medical treatment that may be necessary as a result thereof. To my knowledge, I am not pregnant at this time and I will notify the physician if I think I could be pregnant.

___________________________________  __________________________________
PATIENT’S NAME (printed or typed name)  PATIENT’S NAME (signature)

___________________________________  __________________________________
WITNESS     DATE