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INFORMED CONSENT FOR PRP, OZONE THERAPY, AND HOMEOPATHIC INJECTIONS

I hereby request and consent to the performance of ozone therapy and homeopathy injections, on me (or on the patient named below, for whom I am legally responsible) by any physicians who now or in the future work at Whole Body Health Care. This includes all forms of ozone therapy as well as homeopathic injections using ozone, PRP, and traditional homeopathies.

I acknowledge the opportunity to discuss with the doctor and/or with other office or clinic personnel the nature and purpose of ozone therapy and homeopathic injections. I understand that results are not guaranteed nor immediate. I understand and am informed that, as in the practice of medicine, the practice of ozone therapy and homeopathic injections carry risks; including but not limited to:

- Infection
- Allergic Reaction
- Local Inflammation
- Fainting
- Injection pain
- Possible increase in pain for up to 7 days

I also understand that the homeopathic injection mixture contains ingredients (listed on the back of paper), to which I have no known or reported allergy. I do not expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely upon the doctor to exercise judgment during the course of examination and treatment which the doctor feels at the time, based upon the facts then known to them, is in my best interest.

PULSED ELECTROMAGNETIC FIELD (PEMF) THERAPY

- I hereby state that I am at least 18 years of age and have read, understand, and agree to this Release Statement, that it is an informed release and that I intend to be legally bound by it.
- I am not pregnant, and I have no pacemaker or other implanted stimulator (insulin pump, etc.)
- I do not have any chains on me (other jewelry is fine).
- I do not have any car keys, credit cards, cell phone, or watch on my person.
- I have not received chemotherapy/radiation treatment in the last 24-48 hours.
- I agree to be fully responsible for any damages, if I do not follow the above instructions during any treatment session.
- I know that I am using a magnetic pulse generator and that it is not FDA approved to treat or cure any condition.

No one has made any representations or claims to me of any treatment or cure of any disease or condition, or any promise of any specific or general results of any kind. I release from all general, medical and any other liability or claims of any kind: and I indemnify and hold harmless the magnetic pulse generator, the manufacturer, distributor, dealer and any of their employees or agents from any claim arising from or related to my use of the generator.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient's Name: _____

Signature: _____

Date: _____

Homeopathic Information:

- Contraindications: Any known hypersensitivity to any ingredients.
- Drug Interactions: None known
- Specific Populations i.e. children, elderly, pregnant or lactation women: None known
- Warnings: None known
- Overdose: None known

Active Ingredients:			
Ingredient name	Potency	Quantity	Final Dilution
Aconitum napellus	2X	1.32 µl	5.22X
Arnica montana, radix	2X	2.20 µl	5.00X
Bellis perennis	2X	1.10 µl	5.30X
Belladonna	2X	2.20 µl	5.00X
Calendula officinalis	2X	2.20 µl	5.00X
Chamomilla	3X	2.20 µl	6.00X
Echinacea	2X	0.55 µl	5.60X
Echinacea purpurea	2X	0.55 µl	5.60X
Hamamelis virginiana	1X	0.22 µl	5.00X
Hepar sulphuris calcareum	6X	2.20 µl	9.00X
Hypericum perforatum	2X	0.66 µl	5.52X
Mercurius solubilis	6X	1.10 µl	9.30X
Millefolium	3X	2.20 µl	6.00X
Symphytum officinale	6X	2.20 µl	9.00X

Inactive Ingredients:

Water for injection 2,179.10 µl
Sodium Chloride 19.40 µl

Active Ingredients:			
Ingredient name	Potency	Quantity	Final Dilution
a-Lipoicum acidum	8X	2.0 µl	10.99X
Arnica montana, radix	4X	200.0 µl	5.00X
Cartilago suis	6X	2.0 µl	9.00X
Coenzyme A	8X	2.0 µl	10.99X
Dulcamara	3X	10.0 µl	5.30X
Embryo totalis suis	6X	2.0 µl	9.00X
Funiculus umbilicalis suis	6X	2.0 µl	9.00X
Nadidum	8X	2.0 µl	10.99X
Natrum oxalacetikum	8X	2.0 µl	10.99X
Placenta suis	6X	2.0 µl	9.00X
Rhus toxicodendron	2X	10.0 µl	4.30X
Sanguinaria canadensis	4X	3.0 µl	6.82X
Sulphur	6X	3.6 µl	8.74X
Symphytum officinale	6X	10.0 µl	8.30X

Active Ingredients:			
Ingredient name	Potency	Quantity	Final Dilution
Causticum	10X	1.1 µl	12.99
Causticum	30X	1.1 µl	32.99
Causticum	200X	1.1 µl	203.00
Colchicum autumnale	10X	1.1 µl	12.99
Colchicum autumnale	30X	1.1 µl	32.99
Colchicum autumnale	200X	1.1 µl	203.00
Colocynthis	10X	1.1 µl	12.99
Colocynthis	30X	1.1 µl	32.99
Ferrum metallicum	10X	1.1 µl	12.99
Ferrum metallicum	30X	1.1 µl	32.99
Gnaphalium polycephalum	6X	3.3 µl	8.52
Gnaphalium polycephalum	10X	3.3 µl	12.52
Gnaphalium polycephalum	30X	3.3 µl	32.52
Lithium benzoicum	10X	1.1 µl	12.99
Lithium benzoicum	30X	1.1 µl	32.99
Rhus toxicodendron	10X	1.1 µl	12.99
Rhus toxicodendron	30X	1.1 µl	32.99
Spiraea ulmaria	10X	1.1 µl	12.99
Spiraea ulmaria	30X	1.1 µl	32.99

Supplement Facts / Datos de Nutrición
Informação Nutricional

Serving Size 5 drinkable 10ml ampoules (1.7 fl. oz) / Tamaño de la porción 5 ampollas bebibles de 10ml / Tamanho da porção 5 ampolas bebíveis de 10ml

Amount Per Serving / Cantidad por Porción / Quantidade por Porção	% Daily Value* / % Valor Diário* / % Valor Diário*
Calcium / Calcio / Cálcio	6 mg <1%
Phosphorus / Fósforo	7 mcg <1%
Iodine / Yodo / Iodo	0.41 mcg <1%
Magnesium / Magnesio / Magnésio	17 mg 4%
Zinc / Zínco	0.8 mcg <1%
Selenium / Selenio / Selênio	0.1 mcg <1%
Copper / Cobre	0.1 mcg <1%
Molybdenum / Molybdeno / Molybdênio	0.16 mcg <1%
Chloride / Cloruro / Cloreto	260 mg 8%
Sodium / Sodio / Sódio	142 mg 6%
Potassium / Potasio / Potássio	6 mg <1%
Fluorine / Flúor	21 mcg **
Silicium / Silício / Silício	38 mcg **

* Percent Daily Values are based on a 2,000 calorie diet. * Los porcentajes de Valores Diarios están basados en una dieta de 2,000 calorías. * Valores Diários com base em uma dieta de 2,000 calorías.
** Daily Value not established. ** Valor diário no estabelecido. ** Valor Diário não estabelecido.

Ingredients: Purified water, cold microfiltered natural seawater.
Ingredientes: Água purificada, água de mar natural microfiltrada em frio.
Ingredientes: Água purificada, água do mar natural microfiltrada a frio.