



Dunphy PA / Nunley MD

Prolotherapy Consent Form

I, _____, hereby authorize the following procedure: Prolotherapy.

I understand that Prolotherapy is not currently reimbursed by insurance companies including Medicare. For this reason, Prolotherapy may be considered by some insurance companies to be “medically unnecessary” or “experimental” and thus will most likely not receive coverage. This procedure has some risks. Daniel Dunphy, PA or staff have explained to me verbally the short and long term risks, which include temporary worsening of my current symptoms, joint pains, redness at the site of injection, numbness lasting for several days and occasionally longer periods. By signing this form, I accept these risks. I also understand that the inflammatory phase after prolotherapy injection is part of activating the body’s healing response and can usually be managed by icing the area injected for a day or two.

I assume full liability for any adverse effects that may result from the non-negligent administration of the proposed treatment. I waive any claim in law or equity for redress of any grievances that I may have concerning or resulting from this procedure, except as that claim pertains to negligent administration of this procedure. I hereby confirm that the nature and purpose of the aforementioned treatment may be considered medically unnecessary or experimental and not currently indicated treatments. The risks involved and the possibility of complications have been explained to me.

Signature _____ Date _____

Witness _____