



Dunphy,PA/Nunley, MD

### **Prolo, Neural,PRP therapy Consent Form**

I, \_\_\_\_\_, hereby authorize one or all the following procedures:

(please circle the therapy/therapies desired

Prolo therapy/Neuraltherapy or Platelet Rich Plasma therapy.

I understand that Prolo, neural and PRP Therapies are not currently reimbursed by insurance companies including Medicare. for this reason prolo, neural and PRP therapies may be considered by some insurance companies to be “medically unnecessary” or “experimental” and thus will most likely not receive coverage. These procedures have some risks which have been explained to me.

Dunphy,PA/Nunley, MD or associates have explained to me the short and long term risks, which include temporary worsening of my current symptoms, joint pains, redness or bruising at the site of injection, numbness lasting for several days and occasionally longer periods. By signing these forms I accept these risks.

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\_\_\_\_\_

Dunphy,PA/Nunley,MD.com

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