Dr. Laurie Blanscet, D.O.
Patient Conditions of Treatment and Informed Consent to Treat

This document is a binding agreement (the "Agreement") between Dr. Laurie Blanscet, D.O., ("We" "Us") and the individual patient whose name and signature appears below ("You" "Your"). In consideration of the heath care services provided to You by Us at the present and at all times in the future, You agree as follows (Your agreement indicated by placing Your initials on the lines following each section and by signing in the space provided):

1. **Consent For Treatment.** You hereby consent to and authorize us to provide You with heath care treatment, including without limitation medical, diagnostic, pharmaceutical and anesthetic treatment, Intravenous Micronutrient Therapy, Ozone therapy, Prolozone therapy, Prolotherapy, Mesotherapy, and/or Stem Cell therapy, (together the "Treatments") administered by Us, our physicians, assistants, consultants and staff. You understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk of injury or death. You acknowledge that We have not made any guarantees or promises as to the outcome or the safety and efficacy of the Treatments. (Initials) _____

2. **Experimental Nature of Treatment.** You acknowledge and agree that the Treatments may consist in whole or part of experimental procedures and methods, including without limit Intravenous Micronutrient Therapy, Ozone therapy, Prolozone therapy, Prolotherapy, Mesotherapy,and/or Stem Cell therapy on which no governmental (including the U.S. Food and Drug Administration ("FDA")), scientific or medical authority has issued any guidelines or statements as to the safety or efficacy thereof. You acknowledge that the safety record of the Treatments is based only on empirical and anecdotal evidence, which only shows that the Treatments appear to be relatively safe. We have informed You that the Treatments MAY alter, address or decrease Your pain, symptoms or complaints, but also may have no effect. (Initials) _____

3. **Risks, Side Effects, Complications.** We hereby inform You that there are certain unavoidable risks and potential side effects and complications to the Treatments, including without limitation infection; swelling; increased pain; bleeding; scarring; scar or wound enlargement; keloid formation; asymmetry; temporary or permanent alteration in sensation; allergic reaction; discoloration; the need for additional surgery; soreness, itching, infection, injury to nerves, internally and externally leaking fluid and scaring at injection sites (all of which except the leaking fluid may be permanent); a feeling of "lumpiness" or permanent skin contour irregularities at the site of Treatments; spinal cord injuries, Pneumothorax (air on the outside of the lung), embolism, paralysis, dizziness, numbness, no benefit from Treatments; or other serious or debilitating injuries or death. (Initials) _____

4. **Description of Treatments**. You acknowledge that the Treatments may involve insertion of needles into Your skin and veins and the injection of standardized formulas which may include various nutritional substances, homeopathic medicines, and FDA approved prescriptive medicines, local anesthetic (Procaine or Lidocaine), concentrated sugar water or dextrose, and local subcutaneous anesthetic infiltration (with or without epinephrine). The exact solution and site of injection for Your Treatment, as well as the recommended sequence of Treatments, will be explained to You when We actually administer the Treatments. (Initials) _____

5. **Medical Staff.** You are aware that among those who attend You on Our behalf are medical, nursing and other health care personnel in training, who unless requested otherwise, may participate in patient care as a part of their education. You further consent to the presence of service representatives and/or technicians from manufacturers of equipment or devices to assist in performing and/or operation of such equipment and/or devices during operation, procedure and Treatments. (Initials) _____

6. **Information You Provide Us.** You have provided Us with a complete list of all prescription and non-prescription medications and dietary supplements You are currently taking, and You agree to update Us periodically should this list change. You have provided Us with a complete list of all known allergies You may have, and all allergic or adverse reactions You have had in the past to any medicines, dietary supplements or medical treatments of any kind. You covenant that all the information You provide Us during the course of Treatments, including without limitation the information required by this Section 6, is true, accurate, complete and up-to-date to the best of Your knowledge. (Initials) _____

7. **Assumption of Risk.** You hereby acknowledge that after having read carefully and understood fully the terms of this Agreement, and after having adequate time to ask any questions about this Agreement or the Treatments that You have, You are willing to assume any and all risks associated with the Treatments, including without limitation those described in this Agreement. You acknowledge that no explanation or description of the Treatments can ever fully explain every possible risk, side effect or complication that may or could arise from the Treatments, but that by initialing and signing this Agreement, You nevertheless acknowledge Your willingness to assume such risks and that Your consent to the Treatments is willing, voluntary and informed. (Initials) _____

8. **Alternatives.** You have been informed that there are alternatives to the Treatments including surgery, other types of injections, prescription medications and taking no action. (Initials) _____

9. **Miscellaneous.** You agree that this Agreement constitutes the entire agreement between You and Us regarding the subject matter hereof. No promise, representation, guarantee or warranty not included in this Agreement has been or is being relied upon by You. This Agreement shall be binding on You and Your successors, heirs, legal representatives and assigns. In case any one of the provisions of this Agreement is held invalid or illegal, such provision shall be curtailed, limited or severed only to the extent necessary to remove such illegality or invalidity. This Agreement shall be governed by the laws of the state of California without regard to any choice of law principal. Any dispute between You and Us shall be adjudicated in state or federal court in Riverside County, CA, and You submit to the jurisdiction of any such court. (Initials) _____

BY SIGNING THIS AGREEMENT, YOU INDICATE THAT YOU HAVE READ, UNDERSTAND AND AGREE TO ITS TERMS, YOU HAVE RECEIVED A COPY OF THIS AGREEMENT, AND THAT YOU ARE THE PATIENT, GUARANTOR, THE PATIENT'S LEGAL REPRESENTATIVE OR LEGALLY AUTHORIZED TO SIGN THIS AGREEMENT AND ACCEPT ITS TERMS.

Witness	**Patient/Proxy/Legal Guardian/ Relative**	**Interpreter (if necessary)**
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
Print Name and Title of Witness	Print Name if not the patient	Name / Title of Interpreter
_____	_____	_____
Date	Relation, if signed other then patient	

PHYSICIAN'S CERTIFICATION

I hereby certify that one of my associates or I have explained to the patient, or person authorized to consent for the patient, the nature of proposed operation, procedure or treatment. In addition to advising of medically significant alternative modes of treatment, if any, including no treatment, I have explained in lay person terms, the purpose, the potential benefits, the likelihood of success, reasonably foreseeable risks, complications and consequences, including probable duration of procedure-related incapacitation and potential problems related to recuperation and / or anesthesia, if applicable. The patient, or person authorized to consent for the patient has indicated his or her understanding, has consented to the operation, procedure or treatment and to the administration of anesthesia, has had opportunity to ask questions and has stated that no further explanation was desired.

_____ _____

Date Laurie Blanscet, D.O.