

I hereby authorize Hyperbaric Medical Solutions, and its medical staff, to apply Hyperbaric

1. Oxygen Therapy (HBOT) as prescribed by the physician. The nature and purpose of hyperbaric medicine have been explained to me and I hereby acknowledge and understand the nature and purpose this therapy. Additionally, I acknowledge the possible risks and side effects of HBOT including, but not limited to those listed below. I have been given the opportunity to ask questions and have my questions answered concerning this matter.

A. **Barotrauma** or pain in the ears or sinuses. I may experience pain in the ears or sinuses. I also understand that if I am not able to equalize my ears or sinuses that pressurization will be slowed or halted and suitable remedies will be applied.

B. **Cerebral Air Embolism and Pneumothorax.** Whenever there is a rapid change in the ambient pressure, there is a possibility of rupture of the lungs with escape of air into the arteries or into the chest cavities outside the lungs. This can only occur if the normal passage of air out of the lungs is blocked during recompression. Only slow recompressions are used in HBOT to obviate this possibility.

C. **Oxygen toxicity.** The risk of oxygen toxicity has been explained to me and will be minimized by never exposing me to greater pressure or longer times than are known to be safe for the body and its organs.

D. **Risk of fire.** With the use of oxygen in any form there is always a risk of fire, but strict precautions have been taken to prevent this and all applicable codes have been complied with.

E. **Risk of worsening of near-sightedness.** (Myopia) After twenty or more treatments, especially if I am over forty, it is possible I may experience diminution in my ability to see things far away. I understand that this is usually temporary and that in the majority of patients, vision returns to its pre-treatment level six weeks after the therapy stops. I understand that it is not advisable to get a new prescription for my glasses until at least eight weeks have passed after hyperbaric therapy.

F. **Temporary improvement in far-sightedness.** (Presbyopia) After twenty or more treatments, especially if I am over forty, there is a possibility that I may experience an improvement in my ability to see things close by or to read without reading glasses. I understand that this is temporary and that in the majority of patients, vision returns to its pre-treatment level about six weeks after the cessation of therapy. I have been cautioned not to be fitted for new eyewear prescriptions for eight weeks after the end of my treatments.

I. **Numb fingers.** A small portion of patients sometimes notice a numb feeling in the fourth and fifth fingers of the hands after twenty or more treatments. This should not be of concern and should disappear in about six weeks following cessation of therapy.

G. **Maturing or Ripening Cataracts.** In individuals with cataracts, it has occasionally been demonstrated that there may be a maturing or ripening of the cataracts.

H. **Serous Otitis.** Fluid in the ears sometimes accumulates as a result of breathing high concentrations of oxygen. This disappears after hyperbaric treatment stops and often can be eased with decongestants.

I am aware that the practice of medicine and surgery is not an exact science and I have been made no promises or guarantees as to the results of HBOT. I have been informed by the staff of Ageless Medical NY that smoking cigarettes, pipes, cigars, or any other form of tobacco and the chewing of tobacco products will result in the ingestion of chemicals into the body which may affect the efficacy and success of hyperbaric treatment. I have been specifically told not to smoke during the entire duration of treatment.

I hereby authorize Hyperbaric Medical Solutions or their employees to take medical photographs for the purposes of teaching or publication. I also understand that I will not be identified by name and that my anonymity will be preserved in any presentation or publication. 7. I consent to the release of information and/or disclosure of any part of my medical record by any physician, hospital, accreditation, oversight review, or regulatory organization responsible for monitoring or evaluation health facilities as well as any other facility of which I have been a client.

I have read and agree to the information above. Hyperbaric Oxygen Therapy has been satisfactorily explained to me. I hereby understand that I am entering into hyperbaric treatment at my own risk. I hereby give my authorization and consent to the performance of Hyperbaric Oxygen Therapy Ageless Medical New York.

Acknowledgement X	X
Responsible Party Signature Date	HMS Representative Date Ageless Medical : New York