MOUNTAIN VIEW REHABILITATION MEDICAL ASSOCIATES

AUTHORIZATION FOR PROCEDURE

Bone Marrow Aspiration and Blood Draw

TO THE PATIENT: You have the right, as a patient, to be informed about you condition and the recommended surgical, medical or diagnostic procedure to be used, so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold you consent to this procedure.

I voluntarily request Joel D. Richnak M.D.as my physician(s), and such associated technical assistants and other health care providers as he/she may deem necessary, to treat my condition, which has been explained to my satisfaction in layman's terms.

Explanation of Procedure: I understand that the following surgical, medical and or diagnostic (s) are planned for me, and I voluntarily consent and authorize these procedures(s) (lay terms): Bone marrow aspiration and blood draw. Bone marrow aspiration involves placing a needle into the bone marrow cavity and drawing out a blood like fluid that will be processed by the Mountain View Rehabilitation Medical lab for later re-implantation into another body area.

I understand that my physician may discover other different conditions which may require additional or different procedures than those planned. I authorize my physician, and said such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

No Guarantee and Research Disclosure: I understand that no warranty or guarantee has been made to me as to the result of this procedure or anticipated care. I understand that my results may be used in a published research study without my name being identified or without additional prior consent. In addition, I understand that I will be tracked by a treatment registry run by the medical clinic where I am receiving care. This will include someone contacting me via e-mail or phone, my filling out questionnaires, answering questions, etc… at certain times and that this is planned to continue indefinitely or until I elect out of the registry in writing.

Possible Side Effects of Procedure: Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical and/or diagnostic procedures planned for me. I realize that common to surgical, medical and/or diagnostic procedures is the potential for infection, blood clots in veins and lung, hemorrhage, allergic reaction, or even death. I also realize the following hazards may occur in connection with this particular procedure: **1. Local pain 2. Bruising/bleeding 3. Infection 4. Drug reaction 5. Soreness at injection site 6. Numbness due to nerve injury 7. Increased pain 8. Paralysis 9. Injury to the bone, muscle or other structures such as skin or fasica. The above risks and complications are included but not limited to those listed.**

Possible Side Effects of Anesthesia (if any): I understand that I can elect to have anesthesia and that it involves additional risks and hazards. Anesthesia means that I will be given a vein injection of

medication or a numbing injection or both. I realize the anesthesia may have to be changed, possibly without explanation to me, depending on my pain tolerance, body weight, and sensitivity to medications. I understand that certain complications may result from the use of any anesthetic, and that these range from minor discomfort to injury to vocal cords, teeth or eyes. If IV anesthesia is needed, one rare complication could be loss of ability to breathe on my own for which I would need medical assistance to breathe until the medications wear off. In all instances, general anesthesia carries the very rare risk of death. I understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain. If IV anesthesia is not used, which is most common for spinal procedure, then a local anesthetic will be used to numb tissues. Possible side effects could include nerve or blood vessel injury from the numbing injection, allergic reaction to the anesthetic, bruising, swelling, or deformity.

Investigational Procedure Acknowledgement: This medical procedure is being used to harvest stem and other cells that will be used to help your orthopedic problem(s). These treatments are generally still considered experimental. This means that they are not yet standard of care in the medical community. While your doctor may believe they can help you, there are no large research studies that show that they are effective. This means that a "Stem Cell Procedure" may do nothing to relieve your pain, cure your condition, or otherwise repair your tissues.

Treatment Complications: Just like any other medical procedure, the treatment of complications will be your responsibility. This may mean that if you have a serious complication or side effect and have health insurance, you could incur additional co-pays, deductibles, and co-insurances. If you have no insurance, the treatment of complications could mean incurring significant out of pocket expenses.

Insurance Coverage for this Procedure: By signing this form, you understand that there is no insurance coverage for this procedure. This means that all costs for this procedure that you have been quoted by our office will not be reimbursed at a later date by a health insurer.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure(s) to be used, and the risks and hazards involved. I have sufficient information to give this informed consent. My physician has answered my questions to my satisfaction.

I attest that I have explained the risks, benefits and alternatives of this procedure to this patient/representative.

Patient Name _____

Patient or Guardian Signature_____ Date_____

Witness_____ Relationship_____ Date_____
(if applicable)