INFORMED CONSENT FOR HYPEROBARIC OXYGEN THERAPY
DESERT HYPERBARIC MEDICINE

I, , give my consent for Desert Hyperbaric Medicine to administer Hyperbaric Oxygen Therapy to me. In doing so, I acknowledge that I have been advised of the following. Desert Hyperbaric Medicine will administer Hyperbaric Oxygen Therapy as treatment for the following condition(s):

Although Hyperbaric Oxygen Therapy is considered the primary therapy for several conditions such as decompression, gas gangrene and carbon monoxide poisoning, and as such is generally accepted and recognized as effective in the medical community, it's use still is considered "investigational" by the FDA when used to treat certain illnesses, injuries and disorders. Even though such condition(s) is/are indication(s) for Hyperbaric Oxygen Therapy by a growing number of hospitals treatment of such condition(s) by Hyperbaric Oxygen Therapy may not be generally recognized and accepted as effective by the FDA. Thus, I understand that the therapy to which I am agreeing may be characterized as "investigational."

I have been made aware that possible risks or side affects of hyperbaric oxygenation include:

A. Barotrauma or ear and sinus discomfort: I may experience a fullness and an uncomfortable pressure in my ears or sinuses. I understand that if I have difficulty equalizing the pressure in my ears or sinuses pressurization will be stopped and suitable remedies will be applied.

B. 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.

C. Serous Otitis: Rarely, fluid accumulates in the ears as a result of breathing high concentrations of oxygen. I may occasionally feel as if I have a "pillow over my ear." This disappears after hyperbaric treatment ceases and can be eased with decongestants.

D. Temporary Worsening of Near-Sightedness: (Myopia) After twenty or more treatments, especially if I am over forty, it is possible I may experience a temporary diminution in my ability to focus on things far away. I understand that this is temporary and that vision typically returns to its pre-treatment level about six weeks after cessation of therapy. I understand that it is not advisable to get a new prescription for glasses until at least eight weeks have passed after hyperbaric therapy.

E. Temporary Improvement in Far-Sightedness: (Presbyopia) Also, 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 my glasses. However, I understand this is temporary and that my vision should return to its previous level of acuity in about six weeks following cessation of hyperbaric treatment.

F. 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 within about six weeks following cessation of therapy.

This procedure and the reasons for it have been explained to me by the physician and staff at Desert Hyperbaric Medicine, including the risks and benefits of the procedure, the availability and risks, benefits of alternate modes of treatment, and the possibility of complications. I understand that I will lie on a stretcher in a hyperbaric chamber and breath oxygen at greater than normal atmospheric pressure. I understand that each treatment will be for a prescribed amount of time and treatment may be terminated at any time.

No representations have been made to me by Desert Hyperbaric Medicine or any other person associated with it that treatments to which I hereby consent will produce any specific result or benefit. No representations are made except as set forth in this Informed Consent concerning the accuracy, validity or efficacy of Hyperbaric Oxygen Therapy.

My signature below constitutes my acknowledgment (1) that I have read or have had read to me and agreed to the foregoing; (2) that hyperbaric oxygen therapy has been satisfactorily explained to me by the HBO technician(s) and that I have all of the information that I desire.

Signature ___________________________ Date ___________________________