



ENHANCED WELLNESS *of* NEW MEXICO

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## INFORMED CONSENT FOR TREATMENT

I understand that results from healthcare services, including those offered by Enhanced Wellness PC, are not guaranteed and there is no promise of cure. I am aware of the risks associated with healthcare services, including Regenerative and Functional Medicine, health/lifestyle consulting, injection and infusion therapy, bio-identical hormone replacement therapy, and other medical services offered by Enhanced Wellness. I trust the provider's judgment in handling complications during procedures, and do not expect the doctor or any staff member to be able to anticipate and explain all risks and complications. I wish to rely on the provider to exercise judgment during the course of the procedure which the provider feels at the time, based upon the facts then known, is in my best interests. This consent applies to all physicians and healthcare providers, and/or other licensed practitioners and support staff treating me at Enhanced Wellness PC.

I consent to receive various healthcare and medical services at Enhanced Wellness PC, such as health/lifestyle consulting, diagnostic procedures, nutritional advice, intravenous infusions, therapeutic injections, hormone replacement, Acupuncture botanical medicines and nutraceuticals, Homeopathic remedies, prescription medications, and physical therapy. I understand that some procedures or treatments offered by Enhanced Wellness PC are considered experimental or for research purposes, and are not FDA-approved. I further understand these treatments may carry unknown risks, and their effectiveness is not established or guaranteed.

I acknowledge the potential risks of procedures, which include bruising, pain, discomfort, dizziness, numbness or tingling, allergic reactions to injected or infused substances, and unusual risks such as spontaneous miscarriage, nerve damage, pneumothorax, and allergic reaction to prescribed herbs, supplements, and prescription medications, as well as an aggravation of pre-existing symptoms. Additionally, I recognize the potential benefits, such as the restoration of the body's maximal functioning capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Pregnant women must inform providers about pregnancy or possible pregnancy due to certain risks.

I have had an opportunity to discuss with the provider and/or with other office or clinic personnel the nature and purpose of care and procedures recommended or rendered on my behalf. I also understand that there are treatment options available for my condition other than those offered or recommended, and that I have the right to a second opinion.

I understand that all payment(s) for treatment(s) are final and no refunds will be issued. However, prorated fees for unused, prepaid infusion packages will be refunded if I wish to cancel treatment. I understand there are no refunds on biologics (cellular isolates) used in regenerative therapies.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content. By signing (or clicking "I agree") below, I give my consent to receive treatment by the doctors and healthcare providers at Enhanced Wellness PC. I intend for this agreement to cover the entire course of the recommended protocol/plan for my present condition and for any future condition(s) for which I seek assistance; and understand I can discontinue treatment at any time.

For any queries regarding this notice or privacy policies, contact Enhanced Wellness PC at 505.323.8100.

By signing or e-signing, I acknowledge and consent to services provided by Enhanced Wellness PC.

Patient Name (please print): .....

Patient or Guardian Signature: ..... Date: .....

Office Signature: ..... Date: .....