

Jim Weiss, M.D., Board Certified, A.A.P.M.R. Interventional Spine, Stem Cell Injections, Electro-diagnosis and Rejuvenation Medicine

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Patient's Name _____

INFORMED CONSENT FOR SPINAL AND J	OINT INJECTIONS FOR PRP/BMC
The injection involves placing a small needle in the area in which your pain is located and injecting stem cells, possible numbing medication into the area. This injection will hopefully give you relief of pain, repair of cartridge or other lesions associated with osteoarthritis or other tissues such as nerve tissue. This is considered experimental. James D Weiss M.D. explained the purpose of this procedure and has answered all of my questions.	
Possible side effects include numbness, weakness, and dizziness. Fainting may occu and we advise that you do not operate any vehicle for twelve hours after the procedure.	
Reactions to medicine include minor and temporary allergic reactions, a temporary decrease in blood pressure, requiring additional treatment. This occurs in approximately $\bf 1$ per cent of the time.	
Increased pain. 20 percent have it one to seven days post injection.	
1 percent may have headaches. Treatment may require additional procedures or hospitalizations.	
Other rare complications include, temporary bleeding.	or permanent nerve damage, infection
Patient's Signature	Date
Physician's Signature	Date