

Nitric Oxide Treatment using Plason™

Informed Consent Form

Please answer the following questions on your past or present medical history with (Y)ES or (N)O.
If you are not sure, answer (Y)ES

Could you be pregnant, or are you attempting to become pregnant? _____

Have you ever had or do you currently have any of the following?

_____ An allergy to Nitric Oxide

_____ Any blood disorders

_____ Glucose-6-phosphate dehydrogenase deficiency (flauvism)

_____ Internal haemorrhage excluding menses, e.g. stroke

_____ Haematemesis or melaena (e.g. vomiting blood or passing blood in the stool)

Have you had any recent surgery within the last 3 weeks? _____

Are you taking warfarin or heparin or any drug which disturbs the coaguability of blood? _____

If so, which drug? _____

Do you currently have any scars, lesions or injuries to any of your limbs? _____

If so, where? _____

I, _____ hereby consent and authorise the clinician at:
(Write name in bold capitals)

_____ to administer Nitric Oxide Treatment

using Plason™ to:

Me **(tick as applicable)**

My child **(tick as applicable)**

My relative/associate **(tick as applicable)**

(over whom I have power of attorney).

(Name of patient in bold capitals)

In doing so, I hereby acknowledge the following (on behalf of the represented patient who will be expressed in the first person):

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- I understand that I may perceive an initial increase in pain symptoms due to heat during or after the treatment.
- I have been given the opportunity to ask any questions I might have regarding the PlasonTM and the clinician has answered my questions.
- I have informed the clinician of my current health status and therapies and I agree that it is my responsibility to keep the clinician aware of changes in my condition, or therapies, for every session.
- I have been informed that I may refuse treatments at any time, or even terminate a treatment whilst being treated by asking the clinician to stop.
- The information I have provided is true and accurate to the best of my knowledge. The potential risks for all the above questions I have answered 'yes' to has been explained to me and I have been given the opportunity to speak to my doctor about this.

Authorised Signature:

Date

Clinician Signature