

I, _____ hereby request and give consent to the Salerno Wellness Center to provide Hyperbaric Oxygen Therapy (HBOT) for the following condition(s):

Acknowledgment of Treatment: I understand and acknowledge that the use of HBOT is controversial and considered experimental for certain conditions. For the condition(s) listed above, only a minority of the medical community views HBOT as an acceptable treatment option. However, I believe that HBOT has the potential to improve my health and quality of life. I have been informed of alternative treatment options for the above condition(s) and these options have been explained to my satisfaction by my physician:

Treatment Overview: I understand that HBOT involves treatment in a chamber that exposes my entire body to 100% oxygen at up to three times normal atmospheric pressure. I have been informed that HBOT frequently requires a minimum of 20 treatments, and some conditions may necessitate additional treatments to achieve optimal benefits. I understand that I may discontinue treatment at any time without incurring further expenses after notifying the clinic.

I recognize that the benefits of HBOT may be enhanced by maintaining a healthy lifestyle, including proper diet and nutritional supplementation.

Safety and Adherence: I understand and agree to strictly follow the instructions provided by the technician or physician to ensure safety during my treatment. I understand that treatments will be limited to no more than two (2) one-hour sessions per day, separated by at least 4 hours, as excessive oxygen exposure can be harmful and may cause permanent lung changes.

I acknowledge that certain medical conditions, such as a history of spontaneous collapsed lung, lung bullae, or difficulty equalizing ear pressure, may increase the risk of complications during HBOT. I commit to disclosing any relevant medical history, including but not limited to emphysema, asthma, chest or ear surgery, lung bullae, collapsed lung, chronic bronchitis, or acute viral infections such as colds or flu.

Fire Safety: I understand that the 100% oxygen environment in the HBOT chamber significantly increases the risk of flammability. I have read and understand the HBOT safety guidelines provided to me and agree to strictly adhere to them. I acknowledge that I will not bring matches, lighters, or any combustible or incendiary devices into the room containing HBOT chambers under any circumstances.

Financial Responsibility: I understand that HBOT is often excluded from medical insurance coverage as it is considered experimental and not FDA-approved for certain conditions. I accept responsibility for the costs of HBOT and acknowledge that reimbursement from my medical insurance is not guaranteed.

No Guarantees: I understand that no warranties, assurances, or guarantees of successful treatment have been made to me. I acknowledge my right to decline HBOT at any time. I have considered the alternatives and have been provided with comprehensive information through conversations with and literature from the practitioners involved in my treatment. All of my questions have been answered to my satisfaction.

Risk and Benefit Assessment: I understand the potential risks associated with HBOT, including but not limited to lung irritation, oxygen toxicity, and complications arising from existing medical conditions. I believe the potential benefits outweigh the potential risks, and I request to proceed with HBOT.

Consent Agreement: I have read this consent form and fully understand its content. I voluntarily agree to undergo Hyperbaric Oxygen Therapy (HBOT) provided at the Salerno Wellness Center.

PATIENT'S NAME

DATE

WITNESS'S NAME

PATIENT'S SIGNATURE

WITNESS'S SIGNATURE