

Patient Name \_\_\_\_\_ Patient DOB \_\_\_\_\_

### **INFORMED CONSENT FOR SCAR TREATMENT WITH PROCAINE, THYMOSIN BETA 4, GHK-CU & OZONE**

I seek the medical services of Yoo Direct Health, LLC and their employees. I am executing this consent to confirm my discussion with Yoo Direct Health providers and my understanding of the risks, benefits, and alternatives for scar treatment with **PROCAINE, THYMOSIN BETA 4 AND GHK-CU (topical) and OZONE**. The goal and possible benefits of this therapy are scar treatment.

However, I understand that this treatment may be viewed by the mainstream medical community as new and controversial, and unnecessary by the Food and Drug Administration (“FDA”).

#### **Benefits and General Information**

**PROCAINE:** Is a local anesthetic, but as treatment modality is called Neural Therapy (NT). Neural Therapy provides relief of pain, improves blood flow, nerve growth, and restitution of function. By implementing superficial skin injections, healing is promoted by the autonomic nervous system (ANS). It interrupts and redirects electrical signals sent through the ANS. Procaine can help with pain and promote healing for scar tissue.

**Thymosin Beta-4** is an actin sequestering protein which plays a role in regulation of actin polymerization, injury repair, and immune modulation. Thymosin Beta-4 plays a role in increasing healing by enhancing angiogenesis, cell migration, and promoting stem cell differentiation.

#### **Benefits of GHK-Cu Topical:**

- Tighten loose skin and reverse thinning of aged skin
- Repair protective skin barrier proteins
- Improve skin firmness, elasticity, and clarity
- Reduce fine lines, depth of wrinkles, and improve structure of aged skin
- Smooth rough skin
- Reduce photodamage, mottled hyperpigmentation, skin spots and lesions
- Improve overall skin appearance
- Stimulate wound healing
- Protect skin cells from UV radiation
- Reduce inflammation and free radical damage

#### **Ozone (O3), helps reduce pain and inflammation by:**

- Vasodilation to improve micro/peripheral circulation.
- Accelerating healing
- Recruiting your own stem cells intrinsically
- Improving tissue oxygenation by increasing oxygen transport capacity.
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**Potential Risks** The following are examples of some of the possible specific risks/adverse reactions reported for therapy that may be prescribed for me. At physiological blood levels, there are not expected to be any significant risks/adverse reactions if full medical disclosure is achieved from the patient during the total time of therapy.

#### *Contraindications*

I understand that it has been advised that I should not receive this therapy if I have the following conditions:

- Misuse of or dependency on any drug
- Currently pregnant or lactating or are planning to become pregnant in the next 12 months
- Known allergy or intolerance to **PROCAINE, THYMOSIN BETA 4, GHKCU AND/OR OZONE** or any of its other contents

**By signing this form, I understand the possible risks associated with this treatment.**

I understand that Yoo Direct Health providers will monitor my treatment in an effort to prevent any side effects but cannot guarantee that I will not experience any side effects or adverse reactions. I understand that, as with any health treatment, there is no guarantee I will obtain satisfactory results with this therapy. I understand the use of this treatment does not preclude me from using other treatments as well, though I recognize that I should inform any practitioners I am seeing about the various treatments I am using.

**NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT. ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.**

I certify that I have read the Informed Consent, discussed the issues noted above, had opportunities to ask questions, and agree and accept all of the terms above.

**You should discuss any concerns or questions you have about this issue with your health professional.**

**INFORMED CONSENT TO TREAT**

By signing this form, I understand the possible risks associated with this treatment. **PROCAINE, THYMOSIN BETA 4, GHK-CU, OZONE** adverse reactions can include those listed above.

I understand that **Yoo Direct Health** will monitor my treatment in an effort to prevent any side effects but cannot guarantee that I will not experience any side effects or adverse reactions. I understand that, as with any health treatment, there is no guarantee I will obtain satisfactory results through the use of this therapy. I understand the use of this treatment does not preclude me from using other treatments as well, though I recognize that I should inform any provider I am seeing about the various treatments I am using.

DISCLOSURE TO PATIENT: Patient understands that this peptide is alternative to traditional therapies. Conventional medicine FDA approved options have been reviewed. The peptide will be provided by a 503-A COMPOUND pharmacy that has been inspected by the Indiana board of pharmacy; patient would like to proceed with this option.

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I certify that I have read the foregoing Informed Consent, discussed the issues noted above, had opportunities to ask questions, and agree and accept all the terms above.

PATIENT NAME \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*I have explained this Informed Consent and answered all questions and informed the patient of the available alternatives and of the potential risks. To the best of my knowledge, the patient has been adequately informed and has consented.*

Provider Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_