**INFORMED CONSENT**for EBOO (Extracorporeal Blood Oxygenation and Ozonation)

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_

**Date of Procedure:** \_\_\_\_\_\_\_\_\_\_\_\_

**Description of EBOO Therapy:**

Extracorporeal Blood Oxygenation and Ozonation (EBOO) is a procedure where blood is drawn from the body, exposed to oxygen and ozone, and then reinfused. The therapy aims to enhance oxygenation, improve circulation, and promote overall health and well-being.

**Purpose of EBOO Therapy:**

EBOO therapy is utilized for various health benefits, including but not limited to:

* Improved oxygen delivery to tissues
* Enhanced circulation
* Detoxification
* Immune system modulation
* Anti-inflammatory effects

**Procedure:**

1. Two intravenous (IV) lines will be inserted to extract and reinfuse blood.
2. The blood will be treated with oxygen and ozone and UBI outside the body.
3. The treated blood will be reinfused into the body.
4. The procedure typically takes 50 minutes.

**Potential Benefits:**

* Improved energy levels
* Enhanced immune response
* Reduced inflammation
* Overall sense of well-being

**Potential Risks and Side Effects:**

* Infection at the IV site
* Bruising or discomfort at the IV site
* Allergic reactions
* Dizziness or lightheadedness
* Hypoglycemia (low blood sugar)
* Hypotension (low blood pressure)
* Hemolysis (destruction of red blood cells)
* Potential interactions with current medications

**Female Adverse Event**

Less than **0.01% of women** may experience **severe ovarian pain** as a result of treatment, which is believed to be due to the release of **inflammatory build-up** in the reproductive tissues. While this response is considered a **positive step in the healing process**, the associated pain can be **severe (10/10 on the pain scale)**.

In the event that this occurs, appropriate **supportive treatments** will be provided, which may include **IV dextrose, lactated Ringer’s (LR), procaine, and magnesium** to alleviate discomfort and support recovery.

By signing below, I acknowledge that I have been informed of this potential reaction, understand the treatment options available, and consent to proceed with therapy.

**Alternative Treatments:**

* Lifestyle modifications (diet, exercise)
* Medications
* Other forms of oxygen or ozone therapy
* No treatment

**Patient Responsibilities:**

* Inform the healthcare provider of all medications and supplements being taken.
* Report any adverse reactions immediately.
* Follow all pre- and post-treatment instructions.

**Confidentiality:**

Your medical information and treatment details will be kept confidential and shared only with those directly involved in your care unless required by law.

**Consent:**

By signing this form, I acknowledge that I have read and understood the information provided about EBOO therapy. I have had the opportunity to ask questions and have received satisfactory answers. I understand the potential benefits, risks, and alternatives to this therapy. I voluntarily consent to receive EBOO therapy as outlined above.

I understand that I may withdraw my consent and discontinue participation in the therapy at any time without affecting my future care or treatment.

**Patient Name (Printed):**  Date:

**Patient Signature:**

**Physician/Provider Name (Printed):**  Date:

**Physician/Provider Signature:**

**Optional Section: Release of Liability**

I understand that results of EBOO cannot be guaranteed, and that the medical provider is not liable for any adverse outcomes arising from the procedure that are within the scope of disclosed risks.

**Patient Initials:**