

INFORMED CONSENT TO TREATMENT WITH MILD HYPERBARIC OXYGEN THERAPY

Mild Hyperbaric Oxygen Therapy (mHBOT) is a therapy that increases the amount of oxygen the body can absorb at a cellular level. The treatment supplies oxygen in a sealed chamber at a higher-than-normal atmospheric pressure, which allows the oxygen to dissolve more easily into liquids such as blood plasma and cerebrospinal fluids.

The body's absorption of the increase in oxygen is reported to be beneficial for a wide range of ailments. However, the FDA only approves mHBOT therapy for certain specific conditions. Other conditions for which mHBOT often is used are considered to be "off-label." Although many of the off-label conditions have been studied with positive results, I understand that ***no treatment outcome is guaranteed***, and the fees I pay for the treatment are for services rendered, not for any benefits I may receive, or that I expect or hope to receive. I understand it is possible that I may not observe or realize *any* benefit from the treatment, and mHBOT is not intended **as a cure for any condition or disease**. I further understand the treatment is not a substitute for other treatment modalities suggested or prescribed by my physician.

Possible side effects of mHBOT include the following:

Otic barotrauma. This is ear pain or damage to the tympanic membrane caused by rapid changes in pressure, such as when a plane descends to land. To maintain equal pressure on both sides of the tympanic membrane, gas must move freely between the nasopharynx and middle ear. When the chamber is pressurized, I understand that I must be able to equalize the pressure in my ears to avoid possible severe ear discomfort. The most effective method to equalize ear pressure is to hold the nose, close the mouth, and blow gently through the nose. Other methods include yawning, swallowing, and holding the nose while swallowing. IF THE PRESSURE IN MY EARS FAILS TO EQUALIZE USING ANY OF THESE METHODS, I AGREE TO COMMUNICATE ANY DISCOMFORT TO THE ATTENDANT IMMEDIATELY. The attendant will adjust the pressure to attempt to alleviate the discomfort, but if the pressure in my ears cannot be equalized, the treatment will be discontinued promptly. In that event, I understand that no further sessions will be scheduled for me until I have obtained a release from my physician for the therapy.

Hyperinflation of the lungs. I understand that if I hold my breath during decompression, it is possible, although unlikely, that I could hyperinflate my lungs and damage my lungs. I understand that in the unlikely event of rapid decompression, it is critical that I exhale immediately.

Gastrointestinal issues. I understand that mHBOT may assist my body in detoxifying digestive flora. As a result, I may experience some discomfort within the first 36 hours following the session. Symptoms may include loss of appetite, stomachache, constipation or diarrhea, headache, body aches, irritability or other emotional upset. I understand that although this is a normal process, if the symptoms persist beyond 36 hours, I must consult a physician for evaluation.

Drop in blood sugar levels. Insulin-dependent diabetics may experience a drop in blood sugar while in the chamber. If I take insulin, I understand that I must test my blood sugar prior to my session, and eat a snack if my level is under 150. I must test again when I leave the chamber,

and eat a snack prior to leaving the facility if my level is under 150. I agree to communicate to the attendant immediately if I feel uncomfortable at any time during the session.

Other side effects may include headache, nausea, drowsiness, hyperactivity, dizziness, claustrophobia, or blurred vision.

Contraindications to mHBOT:

I understand I should not undergo the treatment if I have any of the following conditions:

- Untreated asthma, or an acute asthma attack within the previous 24 hours
- High fever
- Seizure disorder
- Optic neuritis
- Full or partial pneumothorax (i.e., collapsed lung)
- Emphysema
- Ear infection or blocked ear canal
- Sinus or upper respiratory infection
- Aneurysm
- Glaucoma
- Pregnancy
- Severe heart or lung disease
- Congenital spherocytosis
- Currently taking Cisplatin, Disulphiram, or Doxorubicin

Waiver and Consent to Treatment

I acknowledge that I have read the above information completely. I have received answers to any questions I may have about the treatment. I am fully informed of the possible side effects and complications that may arise from the treatment. Being fully informed, I agree that I am obtaining this treatment at my own risk. I consent to having representatives of Epídavros, LLC administer the treatment to me. I hereby release and hold harmless Epídavros, LLC, its employees, agents, representatives, lessees, and assigns, from liability for any and all effects or lack thereof, side effects, or complications that may arise as a result of the mHBOT treatment.

Printed Name

Signature

Date

Parent/Guardian of a Minor:

Minor's Name

Parent's Printed Name

Signature

Date