

Ventura Spine & Disc

Dr. Eric Prestin, D.C., Q.M.E.
1623 Goodyear Avenue, Suite B
Ventura, CA 93003
(805) 642-DISC (3472)

Informed Consent

The nature of the spinal decompression: You will be harnessed in with 2 separate harnesses and your spine will be gently lengthened in order to decompress herniated or bulging discs or re-hydrate degenerated discs.

The material risks inherent with spinal decompression: As with any healthcare procedure, there are certain complications that may arise during spinal decompression. This may include: strains, muscle spasms, disc injuries and worsening of your pain. This list is not all inclusive.

The probability of those risks: The complications listed are considered rare. The most common risk is a dull, achy soreness similar to having just worked out for the first time in a long time. This is usually due to stretching of tight muscles that haven't been stretched in this way. This will typically go away within the first week or two of treatments. We will warm the tissues up before treatment and will decompress your spine more conservative at first to prevent as much soreness as we can. It is recommended that you ice for 20 minutes up to 3 times daily for the first week to decrease pain and soreness.

Ancillary treatments recommended: Ice, Moist Heat Packs, Deep Tissue Laser Therapy, Stretching/Strengthening Exercises, Massage Therapy, Electrical muscle stimulation.

Risks involved with the recommended ancillary treatments:

Ice, Heat and Electrical Muscle Stimulations (EMS) can cause burning. The EMS can cause skin irritation underneath the active pads. Stretching/Strengthening Exercises and Decompression Spinal Traction can cause temporary post-treatment soreness or reflex muscle spasms. This list is not all inclusive.

Other treatment options for your condition can include: Medical care with prescription drugs, self management with over-the-counter medication, rest, and/or surgery. There are material risks inherent in each of these options including but not limited to: addiction to medication, side effects of medication, improper self dosages and surgical risks including complications from either the procedure and/or the anesthesia.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE

I have read or have had read to me the above explanation of spinal decompression and the related treatment. I have discussed it with the doctor and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and I have decided that it was in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to treatment. I understand that there are no guarantees as to the success of my individual treatment and that individual treatments may vary from patient to patient. I also understand that the payment for the treatment is pro rated.

Patient Printed Name _____ Date _____

Patient Signature _____ Dr. _____

The patient had the following questions and was supplied the following answers:

It is my clinical opinion this patient is oriented to time and place: Yes No

It is my clinical opinion this patient was able to understand the language involved: Yes No