

**INFORMED CONSENT TO RECEIVE TREATMENT WITH
MEDICAL/DENTAL OZONE/OXYGEN MIXTURES**

The healthcare providers in this office use medical/dental concentrations of ozone/oxygen in a variety of forms as an antibacterial adjunct for all types of treatment rendered. In our opinions, **it is the safest, most effective way to reduce the amount of contaminants around your teeth, gums, inflamed tissue and other areas of contamination.** The use of ozone/oxygen in all forms will decontaminate surfaces, kill bacteria, viruses, and fungus on contact, increase the body's healing ability, boost the body's antioxidant systems, and aid the cells to fight inflammation and infection.

There are two potential hazards:

1. If one inhales gaseous ozone, there would be an acute, uncontrollable coughing episode with *no long-lasting health consequences*. We would administer Vitamin C in the form of "Emergen-C" which helps reduce the effect of the coughing. Within ten minutes, breathing is back to normal.
2. The other is if gaseous ozone gets in contact with the eye, there would be a transient burning and itching with again *no long-lasting effect*.

As a team, we fully understand these risks and take every precaution necessary to safeguard our patients and to prevent any exposure like the two listed above.

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I hereby authorize treatment with medical/dental concentrations of ozone/oxygen and certify that I understand the nature of this treatment, including risks of possible complications and other choices that may be available. I have had any questions concerning this type of treatment answered. I consider myself to be as completely informed as possible and hereby consent to treatment using medical/dental concentrations of ozone/oxygen. I represent that I am seeking treatment in order to further my own health and for no other reason. I am aware I may withdraw this consent at any time.

Printed Patient Name

Signature of Patient or Parent or Legal Guardian

Date