PRO SPORT ORTHOPEDICS
EMPOWERING HUMAN PERFORMANCE

AUTHORIZATION TO CONSENT FOR TREATMENT

Such consent may include, but is not limited to clinic visits, medical treatments, tests, imaging studies: including x-rays, injections, medications and performing of procedures that may be deemed necessary or advisable.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. It is given to provide Pro Sport Orthopedics and its clinical staff authorization to provide medical care they may deem advisable in the exercise of their best judgement.

This authorization shall remain effective until revocation in writing by the undersigned.

Medications: Medication can be used to reduce pain or inflammation. I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side effects, physical or psychological dependence, and may have to be continued indefinitely. Some medications may involve serious risks.

Rest/Exercise: It has been explained to me that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat or other home therapy. Prolonged bed rest contributes to weakened bones and joint stiffness. Exercises are of limited value but are not corrective of injured nerve and joint tissues.

Surgery: Surgery may be necessary for significant structural damage, joint instability, or failure of conservative treatment. Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery.

Non-treatment: I understand the potential risks of refusing or neglecting care may include increased pain, scar/ adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology. The aforementioned may complicate treatment making future recovery and rehabilitation more difficult and lengthy.

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Print Name	*Signature*	*Date*