



## **Informed Consent**

**I authorize and consent to treatment with an injection of the REVIVE3.0 Injection (R3I) that contains Kenalog, Dexamethasone and Vitamin B-12.**

**I understand that I am being treated for the symptoms that I have provided. R3I is a combination of medications and a vitamin that has the potential for side effects. The possible side effects are aggression, agitation, anxiety, blurred vision, decrease urine output, divot or pitting at the injection site, dizziness, fast, slow, pounding, or irregular heartbeat or rate, headache, depression, nervousness, temporary tingling of the head and stinging of the growing area, pounding of the ears, weight gain, and possible infection at the injection sites.**

**It is my responsibility to ask any question regarding the R3I and have all questions answered by my Nurse Practitioner or Nurse before having the injections. I understand that there are no guarantees or assurances that the injections will be successful in alleviating my symptoms. REVIVE3.0 will not give more than (4) R3I in a 12-month period.**

**I have fully read and fully understand this consent form and the proposed injections.**

**Patients Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Patients Printed Name: \_\_\_\_\_**