I hereby consent to and authorize the physicians and staff of Med Dive LLC to administer Hyperbaric Oxygen Therapy to me for the medical conditions for which I have been referred to the Hyperbaric Department.

The reasons for the use of Hyperbaric Oxygen Therapy as it relates to my medical condition have been explained to me. I fully understand how Hyperbaric Oxygen Therapy may benefit my condition.

I understand that the outcome of my medical condition cannot be assured or guaranteed and no assurance or guarantee of the outcome of Hyperbaric Oxygen Therapy for the treatment of my medical condition, implied or otherwise, has been given to me. The exact number of treatments that I may need cannot be determined beforehand as all patients respond to the therapy differently.

I understand that the procedures and risks related to Hyperbaric Oxygen Therapy to be:

1. I will receive Hyperbaric Oxygen Therapy in a multiplace chamber that will be pressurized with medical air up to 2 times normal atmospheric pressure. I will breathe 100% oxygen through a clear plastic hood device while in the chamber. The treatment will last 90 minutes. There will be an attendant in the chamber with me at all times.

2. The following risks were explained to me:
   
   A. Ear / Sinus Barotrauma (some patients will require myringotomy, tubes in the ears, to help with this.
   
   B. Myopia (nearsightedness / change in vision that is reversible after treatment)
   
   C. Premature growth of cataracts (does not cause cataracts but can increase rate of growth if cataracts are already present)
   
   D. Collapsed lung and Heart Failure (I have related any medical conditions concerning my lungs and heart such as COPD, emphysema, chronic bronchitis, CHF, Oxygen use and smoking )
   
   E. Oxygen toxicity (rare possibility of seizures)
   
   F. Drop in blood sugar level if I am a diabetic / Transient numbness or tingling of fingers
   
   G. Certain Medications that are contraindicated (Cisplatin, Bleomycin, Disulfiram, Sulfamylon)
3. I consent to the taking and use of any and all forms of photographs or digital images of my medical case for the purpose of documentation of treatment and educational purposes. I understand that my name and any other protected personal information will be kept confidential and protected at all times.

4. I am satisfied with my understanding of the nature of Hyperbaric Oxygen Therapy and all of my questions have been answered to my satisfaction.

I HAVE READ AND UNDERSTAND THE EXPLANATIONS PROVIDED TO ME AND I VOLUNTARILY AGREE TO PARTICIPATE IN THE TREATMENT PROGRAM

Patient Signature: __________________________________________ Date: __________________
Printed Name: ____________________________________________________________________
Authorized Agent: ________________________________________________________________
Relationship to Patient: ____________________________________________________________________

Med Dive LLC Authorization

Signature: ________________________________________________________________
Title: _________________________________________________ Date: __________________