

INFORMED CONSENT: Intravenous Phosphatidylcholine (PTC) Age Management of West Michigan

I, _____ (DOB: ___/___/____) consent to treatment with Phosphatidylcholine (PTC) by Age Management of West Michigan. In as much as I have indicated a desire to undergo intravenous treatment with PTC, the method of administration, the mechanisms of action, the purposes for its administration in my particular case; its potential for benefit, and its potential for harmful side effects have been fully explained to me by the medical staff at Age Management of West Michigan by direct discussions and/or written documentation. It is now my purpose to stipulate my full and complete understanding with reference to therapy, and to remove any legal liability on the part of my physician in the event this treatment is unsuccessful.

Phosphatidylcholine (PTC) is an essential component of lipid metabolism. A small amount of blood will be withdrawn into a syringe containing the medication, mixed, and then reinjected over a period of about ten minutes as an intravenous push.

While the value of phosphatidylcholine in the diet has been noted in scientific monographs, its value is not expressly recognized by the United States Food and Drug Administration (FDA) and its use in medical treatment, either orally or by intravenous injection, is considered nonstandard treatment by the medical community with the exception of some physicians who practice integrative, functional or nutritional medicine.

PLEASE NOTE: Phosphatidylcholine is derived from soy. If you have allergic reactions to either soy or peanuts, you should discuss this with your physician before receiving treatment.

Potential Risks, Adverse Reactions and Contraindications:

Like any treatment, infusion therapy carries some risk of side effects. While adverse events are unusual, I understand that I could experience side effects, some of which are common such as discomfort at the infusion site or temporary bruising. Temporary discoloration and slight blistering may occur at the site of injection; all usually heal quickly. Thrombophlebitis, an inflammation of the vein, may also occur and could require treatment such as hot packs and bed rest. Sometimes blood may become trapped at the injection site; this is an anticipated occurrence and can easily be removed by your practitioner. Infection is also a remote possibility with any invasive procedure.

While phosphatidylcholine is a natural substance that is nontoxic, all treatment substances pose some risk of allergic reactions. Allergic reactions to the infusion substances are unusual and are usually restricted to the injection site. Some patients may experience itching, hives or light-headedness. In extremely rare cases, there have been isolated reports of severe allergic reactions causing respiratory, cardiovascular distress or even death. Fortunately, these extreme reactions are rare. In infrequent cases, there may be a reaction to the benzyl alcohol content of the infusion.

In addition to discussing other modes of therapy that may be used for the treatment of my condition, my physician and I have discussed and I understand the possibility of a referral to a specialist in my condition(s) if I have not already consulted with an appropriate specialist.

I understand that, as with any health treatment, there is no guarantee that I will obtain satisfactory results. If I am being treated for a medical condition, or have symptoms which suggest a medical condition may be present, I have been informed that it is in my best interest to discuss potential alternative methods of treatment for my condition with my primary care physician or an appropriate specialist before as well as during the course of treatments. I understand the use of this procedure does not preclude me from using other treatments as well, though I recognize that I should inform any practitioners I am seeing about the various treatments I am using.

Insurance companies are likely to consider this therapy to be non-covered as an experimental therapy, or to deny claims for this therapy as non-standard care or as not medically necessary. I understand that I am financially responsible for this therapy even if my insurer denies the claim for any reason.

I hereby consent to phosphatidylcholine therapy and certify that I understand the nature of this treatment, including the risks of possible complications and choices I may have about other approaches, and I assume those risks about which I have been informed. I have been adequately informed, and questions I have asked have been satisfactorily answered. I represent that I am seeking treatment in order to further my own health and for no other reason and do not represent a third party. I am aware that I may withdraw this consent and stop treatment at any time.

Age Management of West Michigan cannot offer this procedure to you except upon the condition that you release Age Management of West Michigan and its physicians and staff from any legal responsibility for harm resulting from the use of PTC and your signature on this informed consent will constitute a full and final release of our medical-legal responsibility resulting from the administration of PTC.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____