



**NEUROPATHY**  
TREATMENT CLINICS OF TEXAS

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### **PATIENT CONSENT TO TREATMENT AND RISK ACKNOWLEDGEMENT**

I, the undersigned, understand that the procedures used in neuropathy treatment generally include, but are not limited to, the following **“Treatments:”**

- TMFlow (non-invasive neuropathic-vascular study)
- Trigger point injections (vitamin blend)
- Joint injections (steroid)
- Sanexas/Estim

I acknowledge that the nature and purpose of the Treatments, inherent risks and benefits of the Treatments, and alternative treatment options have been fully explained to me by Eric Ray M.D. or his designated medical provider (**“Providers”**). I further acknowledge and agree that I have been given the opportunity to ask any questions I may have about the Treatments and had all my questions answered to my satisfaction. I understand that any further questions I may have regarding the Treatments, treatment area(s), potential side-effects, or complications may be directed to the attending Provider during my course of treatment.

I acknowledge that although rare, serious complications may arise as a result of the Treatments. These include but may not be limited to bleeding, bruising, burning, infection, injury to adjacent structures or organs, drug or allergic reactions, or even death. Additionally, my Provider has identified certain potential risks that may result from the administration of the Treatments, including:

- Influence on insulin levels;
- Disruption to the healing process due to massive contractions, in the event the Treatment follows a recent medical procedure(s);
- Acute danger of hemorrhage and blood clots;
- Muscle soreness;
- Skin irritation, blistering, or burning;
- Seizures in epileptic patients; and
- Disturbances in cardiac rhythm.

I understand and accept these potential risks in undergoing the Treatments. I further expressly acknowledge and understand that the long-term effects of electro-medical treatment are unknown.

Accordingly, I authorize and direct the Providers to perform one or more Treatments, as well as any other procedure the Provider determines advisable for my wellbeing. I further authorize the Providers to administer such injections as they may consider necessary or advisable in connection with the Treatments. I acknowledge that, although rare, there are risks associated with injections including, but not limited to **infection, bleeding, burning, nerve or brain damage, paralysis**, or even **death**.

I further acknowledge and agree that if I have an order for “no CPR” (no cardiopulmonary resuscitation) or DNR (do not resuscitate), this order will be suspended and my signature below is consent to the suspension of the “no CPR” or DNR order from the time that I enter the Neuropathy Treatment Clinics of Texas facility performing the procedure until I leave the facility.

Finally, I acknowledge and agree that (1) the practice of medicine is not an exact science, (2) no guarantees have been made to me as the outcome of the Treatment(s), and (3) that the individual outcomes and effects of such Treatments may vary.

Witness: \_\_\_\_\_ Patient’s Signature: \_\_\_\_\_

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

If the patient is a minor or unable to sign:

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_