

Signal Health Group
333 N. Alabama Street
Suite 218
Indianapolis, IN 46204

INFORMED CONSENT FOR THE IMPLANTABLE NEUROSTIMULATOR

Once installed the neurostimulator provides a steady current of low frequency electrical impulse to specific targeted nerve endings located in the outer ear to relieve specific types of pain. The implantable neurostimulator is FDA approved for the treatment of:

- Back pain
- Sciatica
- Cervical pain
- Arthritic and joint pain
- Fibromyalgia
- Zoster related pain
- Cancer pain
- Depression and insomnia
- Migraines
- Surgical post-operative pain

Staff Patient

- I have been informed that it is uncommon that patients have some localized bleeding in the area of application with a minor risk of infections but the risk is mitigated by proper sanitizing techniques.
- I hereby request and consent to the application of the stimulator and the associated treatments for the treatment of my associated diagnosis.
- I have had an opportunity to discuss with the nurse practitioner listed below and/or with other office or clinic personal, the nature and purpose of the stimulator procedures. I understand that results are not guaranteed.
- I have read the above consent with the doctor, as indicted by our initials. I have also had an opportunity to ask questions about its content and by signing below I agree to the above-named procedures I intend this consent form to cover the entire course of treatment for m present condition and for any future conditions for which I seek treatment.

To be completed by the patient;

Print Patient Name

Signature of Patient

Date

Print Office Personnel Name Signature of Office Personnel

Date