



Donna Fleitz Mitchell, MD, MBA
Board Certified in Anesthesiology
Acupuncture

Consent to Receive Treatment

I, the undersigned, do hereby give my voluntary consent for the administration of medical acupuncture; dry needling acupuncture techniques; injection treatment and other relevant medical therapies.

- Acupuncture and the dry needling technique is the medical treatment performed by the insertion of special sterilized fine needles with or without the application of electrical stimulation through the skin into the underlying tissues and muscles at specific points on the body for the purpose of alleviating pain and treating other clinical conditions.

Ancillary techniques of acupuncture may include one or more of the following:

- Moxibustion -whereby herbal heat is applied to specific acupuncture points
- Cupping- whereby suction cups are applied to specific points on the body or motion suction cups
- Electro-acupuncture- whereby the needles are electrically stimulating at various high frequencies to cause relaxation of the muscles and analgesia of the area of pain involved.
- Injection of local anesthetic with/without steroids of muscle trigger points or peripheral nerves.

I have been made aware of the possibility of complications, which may result from these procedures. These include infection (rare), bruising and bleeding into the tissues, pain and discomfort, tiredness, fainting, aggravation of existing symptoms for a short time. I understand that there may be other treatment alternatives, including treatment offered as a part of traditional Western medical practice. Prescription and non-prescription medications/supplements may be prescribed as part of a comprehensive treatment plan. Per state law, if you are given a prescription for a 'controlled' (Schedule II –V) drug, your identifying prescription information will be entered into Colorado's Prescription Drug Monitoring Program (PDMP) database when the drug is dispensed to you. Your prescription information is a protected health record, and cannot be accessed by non-caregivers except as part of an authorized investigation. You have the right to access your information in the PDMP through the Colorado Board of Pharmacy. You may seek corrections to the information as you would with your other medical records.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Printed Name _____

Signature _____ Date _____