

Off-Label Drug Use Consent Forms

I have been informed by Dr. Ellen Mady and/or Dr. Philip Watkins that current literature and research based medical grade supplementation may be prescribed as part of my treatment plan, for the purpose of avoiding side effects of other medications I may be adverse to, to reduces inflammation that would otherwise require prescription medication, to improve the healing and immune response in my body that affects the lower extremity. I understand that supplements have not been approved by the Foot and Drug Administration (FDA) for this purpose.

Dr. Ellen. Mady and/or Dr. Philip Watkins will discuss with me:

- 1) The benefits of using medical grade supplementation for my treatment include: pain reduction; swelling reduction; improve inflammation; improve immune response to expedite healing; repair of damaged tissue, within the nervous system and/or bone; increasing blood flow to comprised areas; antioxidant protection for the nervous system; improve detoxification mechanisms for expedited healing; optimize nutrients for healing.
- 2) The alternatives of using medical grade supplementation for my treatment include: other prescription oral medications, topical medications, injection therapy.
- 3) The potential risks and complications of using medical grade supplementation as part of my treatment include: allergy to ingredients within supplement, most commonly presenting as rash.

I understand the risks, benefits and alternatives to the use of medical grade supplementation as outlined in this form and:

- I give my consent _____ (initials)
- I do not give my consent _____ (initials)

Signature of patient/Legal representative

Date/Time