

Informed Consent for Oxygen/Ozone Therapy

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I, _____, do voluntarily, knowingly, and willingly give my consent to the administration of dental oxygen/ozone treatments. I seek this treatment at my own request.

I understand that dental oxygen/ozone therapy involves the injection of a mixture of oxygen and ozone in the form of a gas with or without local anesthetic, into the skin, mucous membranes, teeth and associated structures. Dental oxygen/ozone therapy is defined as the creation of a therapeutic oxygen rich environment, which induces a multi-factorial positive biochemical and physiologic change in the affected tissues. Dental oxygen/ozone therapy has the following dental relevant and useful properties: it kills bacteria, viruses, fungi and parasites. It is a circulatory stimulant, a wound-cleanser, an accelerant for wound healing, a hemostatic agent, and an immune activating agent. There may be other effects that at this time are unknown.

I hereby authorize treatment with dental oxygen/ozone and certify that I understand the nature of this treatment, and other choices that may be available. I have had any questions concerning this type of treatment answered. I consider myself to be as completely informed as possible and hereby consent to treatment using dental oxygen/ozone.

Patient/Legal Guardian

Date

Witness

Date