



**CONFIRMATION OF INFORMED CONSENT FOR PROCEDURES**

**Pure Expanded Stem Cells combined with Platelet-Rich Plasma**

➔ **PATIENT'S NAME:** .....

You should not receive Pure Expanded Stem Cell therapy if you have actively growing cancer (including invasive skin cancer, especially melanoma) or are pregnant. If any of these apply to you, please inform us immediately before you sign this consent.

I certify that Dr. Hassan Mubark discussed and answered, in terms I could understand, my questions about:

1. The diagnosis and nature of the illness or conditions.
2. The proposed treatment, which is described as an 'alternative' form of treatment (experimental) is allowed practice in New Zealand but not registered. He also discussed the option of *no* treatment and other traditional treatments.
3. The potential benefits. Medical literature suggests this treatment may help manage symptoms and stop or slow down osteoarthritis, and tendon stem therapy might help tendon tears though those are not guaranteed.
4. Despite the best technique used by the stem cell team, there is the possibility of complications after the injection of stem cells and platelet-rich plasma (PRP). This can include pain and swelling for a few days after and on rare occasions bleeding and infection. Also, extremely rare is the chance of neuro-vascular injury in certain deep injections but ultrasound use will reduce this risk further.
5. Possible inflammation and pain could occur due to the highly concentrated materials. Post-treatment patients should rest for two weeks, undertake light stretching, wear prescribed braces, and take turmeric supplements.

I acknowledge that *no guarantee* of benefit from this treatment has been given by anyone. I accept that no refund will be issued if no benefit occurs despite our best efforts.

➔ **Signature:** \_\_\_\_\_ Patient or Legal Guardian (Circle to indicate)

**Practitioner's Confirmation of Discussion** I, Dr. Hassan Mubark/Rheumatologist FRACP, confirm that I provided relevant information regarding this course of treatment. I confirm I provided the patient with the opportunity to ask questions; I have responded to any questions in terms the patient could understand to his/her satisfaction. I have provided my contact details for post-procedure follow-up and care.

**Practitioner's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_