



Rising Lotus

Wellness Center

"The Standard in Acupuncture"



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Informed Consent to Weight Loss Ear Stapling

I hereby request and consent to the performance of ear stapling on myself (or the patient named below, for whom I am legally responsible) by the licensed acupuncturists and employees on staff of Rising Lotus Wellness Center.

I have discussed with my practitioner and/ or clinic personnel about the nature and purpose of ear stapling procedures. I fully understand that no guarantee of cure or improvement in my condition is given or implied.

I understand and I'm informed that, in the practice of ear stapling there are some risks of treatment. I understand that although these risks are unlikely to occur, they are possible. I understand that these risks include, but are not limited to: bleeding, bruising, pain or strong sensation at the location of where the staple is inserted or radiation from that location, nerve pain, local infection and irritation and possible fainting. I wish to rely on the practitioner, to exercise such judgment, during the course of my treatment, based on the facts known, to be in my interest. I authorize the staff to perform necessary services needed during diagnosis and treatment.

I understand that the stapling is an invasive procedure where the staple is left in for weeks at a time. **The staple may stay in as long as it's healthy and effective.** I also understand that I need to come in to the clinic for monthly checks. I understand that local infection where the staple is inserted is a major concern. I take the responsibility of cleaning the staple daily, and will report any signs of infection or irritation to the clinic. I acknowledge that I can have my staple inspected and removed free of charge by Rising Lotus Wellness Center.

I have read, or have had read to me, this informed consent form. 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 ear stapling and any future courses of ear stapling at Rising Lotus Wellness Center.

Pregnant? _____

Patients name (please print)

Patient's signature or patient's representative (if applicable)

Date signed

Print name of patient's representative (if under 18)

Phone Number

Address

e-mail: _____

How did you hear about us? _____