

Informed Consent for Treatment

Prime Vitality Care — San Antonio, TX

Purpose

This document confirms that you have given your informed consent to examination, diagnostic procedures, and treatment at Prime Vitality Care under the supervision of Shiv Goel, MD and associated medical staff. We believe in shared decision-making and want you to fully understand the nature of your care.

Consent to Treatment

By signing this form, I voluntarily consent to and authorize the following:

- Physical examination, diagnostic testing, laboratory work, imaging, and other procedures deemed medically necessary by my provider.
- Medical treatment, therapeutic interventions, and procedures as recommended, including but not limited to: hormone therapy, peptide therapy, IV infusion therapy, regenerative medicine, weight management, aesthetic procedures, and functional medicine protocols.
- Administration of medications, injections, supplements, and other therapeutic agents as prescribed by my provider.
- Use of medical devices, monitoring equipment, and point-of-care testing as clinically appropriate.
- Emergency procedures if a life-threatening situation arises during the course of my treatment.

Risks and Complications

I understand that all medical procedures, treatments, and medications carry inherent risks. These may include but are not limited to:

- Pain, discomfort, bruising, bleeding, swelling, infection, or scarring at treatment sites.
- Allergic reactions to medications, supplements, contrast agents, or other substances.
- Adverse drug reactions, medication side effects, or interactions with other medications I am taking.
- Unsatisfactory results, need for additional or alternative treatments, or worsening of my condition.
- Rare but serious complications including nerve damage, blood clots, organ injury, or anaphylaxis.

Alternatives

I understand that alternative treatments may be available, including no treatment, conventional pharmaceutical approaches, surgical options, referral to other specialists, or watchful waiting. My provider has discussed relevant alternatives with me and I have had the opportunity to ask questions about each.

Off-Label Use

I understand that some medications and therapies used at Prime Vitality Care may be prescribed for indications not specifically approved by the FDA ("off-label" use). Off-label prescribing is a legal and well-established medical practice. My provider will explain the rationale, evidence, and expected outcomes for any off-label treatments recommended for my care.

Financial Responsibility

I understand that I am financially responsible for all charges related to my care, including services not covered by insurance. Payment is expected at the time of service unless other arrangements have been made. Prime Vitality Care offers financing through PatientFi (0% interest up to 9 months), Wurthy, and CareCredit.

Right to Refuse or Withdraw

I understand that I have the right to refuse any procedure, treatment, or medication at any time. I may also withdraw this consent and discontinue treatment at any time. I understand that refusal or withdrawal may affect my health outcomes, and my provider will explain any associated risks.

Photography and Records

I consent to clinical photography for medical documentation purposes. These images become part of my confidential medical record and will not be used for marketing or educational purposes without separate written authorization.

Acknowledgment

- I have read and understand this consent form in its entirety.
- I have had sufficient time to consider the information provided.
- I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.
- I understand the nature, risks, benefits, and alternatives of the proposed treatment.
- I voluntarily consent to treatment at Prime Vitality Care.
- I certify that I am at least 18 years of age and legally competent to provide this consent.

Patient Name (Print)

Date

Patient Signature

Provider Name (Print)

Date

Provider Signature
