

Beverly Medical Center

Before Joint and Trigger Points Injection Instructions

Prior to Procedure Patient Instructions for Platelet Rich Plasma Treatment of Joints and Trigger Points

1. Drink at least 32 ounces of water prior to coming to the facility to hydrate well. This facilitates drawing the blood needed.
2. Eat a meal prior to coming to the facility. This helps avoid any lightheadedness due to low blood sugar.
3. Avoid taking any NSAID type medications within 48 hours prior to the procedure – these include but is not limited to: ibuprofen, “Advil”, “Motrin”, “Voltaren (Diclofenac)”, “Indocin” (Indomethacin)”, Ketoprofen, “Mobic”, Meloxicam, “Naprosyn”, Naproxen, “Celebrex”, Celecoxib, Piroxicam, Sulindac, “Clinori”.
4. Avoid having Platelet Rich Plasma if it has been within a month of having a steroid injection in the area you are intending to have the Platelet Rich Plasma treatment.
5. Avoid having oral corticosteroids (prednisone, cortisone, methylprednisolone, “Medrol Dospak”, “Pred Pack”, or any other type of corticosteroid within 2 weeks of having your Platelet Rich Plasma injection.
6. It is not advisable to have a Platelet Rich Plasma treatment if you currently have blood or bone cancer. Make sure to let the practitioner know if you have had either of these in the past.
7. Make sure to let the practitioner know if you have severe anemia (Hb of 10 or less) or a low platelet count (less than 105).

Beverly Medical Center
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COVID-19 RISK INFORMED CONSENT

I _____ (patient name) understand that I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary. I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that Dr. Beverly Goode-Kanawati, DO, Sandra Britt, ANP-C and all the staff at Beverly Medical Center are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure, and I give my express permission for Dr. Beverly Goode-Kanawati, DO, Sandra Britt, ANP-C and all the staff at Beverly Medical Center to proceed with the same.

I understand that, even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before, during, and after my treatment/procedure may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure itself.

I have been given the option to defer my treatment/procedure to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired treatment/procedure.

INFORMED CONSENT FOR COVID-19 RISK I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE.

Patient or Person Authorized to Sign for Patient _____

Witness _____ Date/Time _____

_____ I have been offered a copy of this consent form (patient's initials) _____

Practitioner: _____

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**Beverly Medical Center
Platelet Rich Plasma (PRP) Injections
Informed Consent
For Joints, Tendons and Trigger Points**

I _____ have been advised and consulted about the injection technique of Platelet Rich Plasma.

I have been advised that Platelet Rich Plasma is an established treatment technique used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improve function in some forms of arthritis.

The technique requires the injection of Platelet Rich Plasma derived from my own blood according to standard blood collection and injection techniques. The site of injection is where the ligament or tendon attaches to the bone, at the joint capsule, or inside the joint. A homeopathic product called Trameel may be added to enhance the effect of the Platelet Rich Plasma injections.

I have been informed that the procedure has been used on many patients and has been proven safe. The procedure may initially increase the painful area or reproduce symptoms for one to three days (and occasionally, as long as ten days), and then may decrease in intensity, but may not completely eliminate my symptoms. Usually gradual improvement generally occurs 2-6 weeks after Platelet Rich Plasma treatment. Some patients report ongoing improvement 6-9 months after Platelet Rich Plasma therapy. I understand that repeat injections may be needed and could be performed 2-4 weeks or more apart. I understand the benefits of the procedure are improved or resolved pain and improved function.

I have been informed that the alternatives to Platelet Rich Plasma are:

- Do nothing
- Surgical intervention may be a possibility
- Injection with steroids (not long lasting results)
- Acupuncture

I have been informed that the risks and complications of Platelet Rich Plasma are:

- Immediate pain at the injection site
- Stiffness in the injected joint
- Bruising
- Allergic reaction
- Infection
- Nerve or muscle injury
- Nausea
- Dizziness or fainting
- Swelling after joint injections
- Bleeding
- Temporary blood sugar increase
- Itching at injection site

I have been informed that the risks of not having treatment are:

- No relief of pain
- Continued instability of the damaged joint or ligament and probable worsening of pain.

I understand that there may be other RISKS, COMPLICATIONS OR SERIOUS INJURY from both known and unknown causes. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the risks of the procedure.

Payment: I understand that medicine is not an exact science and acknowledge that no guarantee has been given or implied by anyone as to the results that may be obtained by this treatment. I also understand this procedure is "elective" and not covered by insurance and that payment is my responsibility. Any expenses which may be incurred for medical care I elect to receive outside of this office, such as, but not limited to dissatisfaction of my treatment outcome will be my sole financial responsibility. Payment in full for all treatments is required at the time of service and is non-refundable.

I have read (or have had read to me) the above consent. Beverly Medical Center has explained the procedure(s) to me so that I fully understand it(them). No guarantee of successful treatment has been implied. I understand that I am entitled to a copy of this consent form upon request.

I understand that this procedure is an out of pocket procedure and I am responsible for the total charges.

Please Print Patient or Legal Guardian Date _____

Signature Patient or Legal Guardian Date _____

Please Print Physician or Practitioner Date _____

Signature Physician or Practitioner Date _____

Please Print Witness Date _____

Signature Witness Date _____

Beverly Medical Center Fee Schedule

Dr. Beverly Goode-Kanawati

| | |
|--|----------|
| New Patient Comprehensive- Up to 90 minutes | \$795.00 |
| Follow Up Dr. Goode: | |
| 15 minutes to 30 minutes | \$160.00 |
| 31 minutes to 45 minutes | \$244.00 |
| 46 minutes to 60 minutes | \$325.00 |
| 61 minutes to 1 hour and 15 minutes | \$399.00 |
| 1 hour and 16 minutes to 1 hour and 30 minutes | \$458.00 |
| 1 hour and 31 minutes to 1 hour and 45 minutes | \$565.00 |
| 1 hour and 46 minutes to 2 hours | \$650.00 |
| Each additional up to 15 minutes | \$80.00 |

Sandy Britt Adult Nurse Practitioner

| | |
|--|----------|
| New Patient Comprehensive- Up to 90 minutes | \$695.00 |
| Follow Up Sandy Britt: | |
| 15 minutes to 30 minutes | \$150.00 |
| 31 minutes to 45 minutes | \$230.00 |
| 46 minutes to 60 minutes | \$285.00 |
| 61 minutes to 1 hour and 15 minutes | \$355.00 |
| 1 hour and 16 minutes to 1 hour and 30 minutes | \$425.00 |
| 1 hour and 31 minutes to 1 hour and 45 minutes | \$495.00 |
| 1 hour and 46 minutes to 2 hours | \$570.00 |
| Each additional up to 15 minutes | \$70.00 |

Established, After hours phone calls (Urgent) \$50.00

Established, After hours phone calls (Non-Urgent) \$75.00

All above prices reflect in-office visits and remote consults (phone or video)

PRP Treatment:

One Knee \$395

Both Knees treated at the same time is \$595

Shoulder \$495

Trigger point injections will be \$395 per region; additional areas done at the same time will be \$95 per area

PRP Full Facial with injections and micro needling \$995

- **Partial Facial** eyes to forehead \$395
- **Partial Facial** chin to nose \$395
- **Partial Facial** or neck and decollete \$395
- **PRP for Hair Rejuvenation** \$495 for a single treatment or package of 3 treatments for \$1275 paid at the same time as the first treatment.

PRP Facial with micro needling and PRP Hair Combo before \$1390 after \$100 discount \$1290

Hormone Pellets:

| | |
|--|---------------|
| Initial screening appointment by phone 10-15 minutes | Complementary |
| Visit with practitioner for exam and ordering of lab testing | \$175.00 |
| Men's procedure (Includes 4 Pellets): | \$695.00 |
| Women's procedure: | \$420.00 |
| Each additional Pellet: | \$29.00 |

IV Nutrition Consultation Plus Lab

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|----------------------------|----------|
| Consultation with provider | \$175.00 |
|----------------------------|----------|

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|--|-------|
| Pregnancy Monitoring of Thyroid and Nutrition | \$700 |
| -See policy for more information | |

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|---------------------------------|------|
| Office Letters and Forms | \$45 |
|---------------------------------|------|

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|---|------|
| Prescription Refill Requests not faxed | \$15 |
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Billing and Cancellation Policy

Billing fees are determined by the time spent with the practitioner regardless of the amount of time set aside for scheduling purposes. These fees apply to office visits, phone consultations, and video consultations. Fees are subject to change without individual notice. Visit fees are non-refundable under any circumstance.

1. Payment is expected at the time of service. Our staff will provide you with a superbill which you may submit to your insurance company for reimbursement. We do not send medical records to insurance companies. We do not send letters for authorizations to insurance companies. We have opted out of Medicare; therefore, no claims can be submitted to Medicare for our office or medical procedures.

A ***minimum*** notice of 72 hours is required for appointment cancellations. Failure to fulfill this requirement will result in a cancellation fee of \$75.00.

I have read and agree to the above policy.

Signature of patient

Date

Printed name of patient