

PATIENT: Robert Plock

DISCLOSURE AND CONSENT

Medical and Surgical Procedures

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Dr. Andrew Park as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

Lumbar Radiculopathy, Spondylolisthesis, Fracture, Spinal Stenosis, Lumbar Pain

I (we) understand the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: SPINE OPERATION, INCLUDING: LAMINECTOMY, DECOMPRESSION, FUSION, INTERNAL FIXATION OR PROCEDURES FOR NERVE ROOT OR SPINAL CORD COMPRESSION; DIAGNOSIS; PAIN, DEFORMITY; MECHANICAL INSTABILITY; INJURY; REMOVAL OF TUMOR, ABCESS OR HEMATOMA

Anterior Lumbar Interbody Fusion with Cage and Instrumentation and Bone Morphogenetic Protein -2; Posterior Spinal Fusion L5/S1, Laminectomy L5/S1 with Instrumentation and Open Treatment of L5 Fracture

I (we) authorize medical equipment representative to have access to information contained in my medical record in the event that a medical device is warranted.

I (we) consent to disposal by hospital authorities of any tissues or body parts which may be removed.

I consent to being photographed, audiovideotaped, recorded, televised or interviewed for medical, scientific or educational purposes. Filming or photographs of an operation or procedure may include appropriate portions of my body provided my identity is not revealed by the pictures or by descriptive texts accompanying them.

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associated, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) do consent to the use of bone, blood, and blood products as deemed necessary. Medications and or spine instrumentation may be used in an off label application.

I (we) understand that no warranty or guarantee has been made to me as to result or cure.


Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reaction, and even death. I (we) realize that the following risks and hazards may occur in connection with this particular procedure:

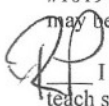
Pain, numbness or clumsiness, Impaired muscle function, Incontinence or impotence, Unstable spine, Recurrence or continuation of the condition that required the operation, Injury to major blood vessels, Spinal cord stroke or ischemia, Hemorrhage, There is a small unpredictable risk of perioperative visual loss.

I (we) do consent to testing for the AIDS virus.

I (we) have been given the opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

X  I acknowledge that I have been informed that Dr. Park has been or continues to be a paid consultant for assistance in designing spine instrumentation for some Spine Device Manufacturers including: Zimmer Spine (345 East Main Street Warsaw, IN 46580), Osteomed (3885 Arapaho Rd, Addison, Tx 75001), Stryker Spine (325 Corporate Dr. Mahwah, NJ 07430), Depuy Spine (325 Paramount Dr. Raynham MA 02767), Medtronic (1800 Pyramid Pl. Memphis TN 38132) and Ulrich USA (536 Trade Center Blvd Chesterfield MO 63005), New Era Orthopedics 1214 Research Boulevard #1019 Hummelstown, PA 17036, LLC. In some instances intellectual property has been developed by Dr. Park that is used by these companies and royalties may be paid to Dr. Park. No royalties are paid to Dr. Park for any cases done by Dr. Park.

 I acknowledge that I have been informed that Dr. Park has been hired by several spine Device Manufacturers to be involved in surgeon education to teach surgical procedures and techniques to other Orthopedic and Neurosurgeons around the United States and other foreign countries. This includes teaching for the use of new devices such as total disc replacement (cervical and lumbar). He has worked in this capacity for Zimmer Spine, Medtronic and Stryker Spine.

NOTICE TO PATIENTS: DISCLOSURE OF OWNERSHIP IN METHODIST HOSPITAL FOR SURGERY AND BAYLOR UPTOWN

We are required by Federal law to notify you that this Hospital meets the Federal definition of a "physician-owned hospital" as specified in 42 C.F.R. § 482.13(b)(2). A list of physicians who have a financial interest in this Hospital is available upon request.

X  PATIENT/OTHER LEGALLY RESPONSIBLE PERSON SIGN

DATE

9/16/13

TIME

2

A.M.
P.M.

WITNESS

 SURGEON SIGNATURE

Dr. Park


Texas Spine Consultants
Texas Spine Consultants, LLP
3900 Junius St., Suite 705
Dallas, TX 75246

This letter is to confirm that patient

Robert Plack

received durable medical equipment from the office of Texas Spine Consultants. The patient received a:

- CMF – Bone Growth Stimulator
- Miami- J – Cervical Collar
- TLSO – Cyberspine Brace
- LSO – Tri-mod Brace

Proc		Sugg. LCode L0637
PART# NJPRO-SP-LG-KYD-SERIAL# 026665 NINJA,PRO,LSO,LG		

Patient Signature:

Robert Plack

Date:

9/16/13

Office staff signature:

Rachel R

Date:

9/16/13

NINJA PRO™ Patient's Instructions For Use

The following are general guidelines for wearing and caring for the NINJA PRO™ spinal brace. Your medical provider may alter, supersede, or even oppose some of them. He or she knows your medical status and is using the NINJA PRO as one part of your total care. It is important to follow his or her instructions exactly, even if they differ from some of the following guidelines.



Getting To Know Your New NINJA PRO Spinal Brace

Your medical provider will have chosen and assembled the proper components when he or she fit you with your NINJA PRO brace. Your task is comparatively easy. You merely need to disengage the Velcro hook of the right end of the belt in the front from the Velcro loop of the left end of the belt in the front to remove the brace, and reattach those two (right & left) belt ends to put the brace on again.

Putting the NINJA PRO on

1. Before donning the brace, make sure the belt's pull tab is on the left, as close to the back strap mechanism as possible.
2. Position the brace so that the back shell is centered on your spine and so that the lumbar curve of the back shell matches the curve of your spine. (This sounds complicated, but it just means to place the back of the brace in its natural - and most comfortable - position on your back.)
3. Snugly fasten the right end of the belt snugly to the left end of the belt in the front. Right now you are just applying the belt. The tightening will come next.
4. Tighten the belt by pulling on the tab on the left. It is a six-times mechanical advantage system, so very little pressure will be required, but you might have to move the tab a long way. You may have to cross it over the front and fasten it on the right side, if necessary. When it is tight, adhere it to the Velcro loop running circumferentially on the belt.
5. Verify the brace orientation by making sure that the back of the brace is centered on your spine - usually the front pouch will be centered as well - and that the brace is the correct vertical height on your body (by making sure the curve of the small of your back is accurately "spooned" by the brace's back).

Taking the NINJA PRO off

1. Loosen the pull tab in the front of the brace, placing it on the left side in the back, as close as possible to the back strap mechanism.
2. Unfasten the right end of the belt from the left end of the belt in the front.
3. Lay the brace down in a safe place. Take care that the Velcro hook at the end of the brace strings does not come in contact with knit fabrics, which it could damage.

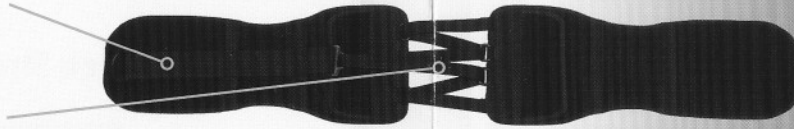
Wear a soft under-sleeve

We recommend wearing a cotton t-shirt or similar garment under the brace. There is nothing wrong with wearing the brace directly on the skin except that you will have to wash the brace much more often. It's better to throw a t-shirt in the wash daily and keep the brace clean as long as possible.

NINJA™ Progressive Spinal System Components

One Pull
Clinch Strap

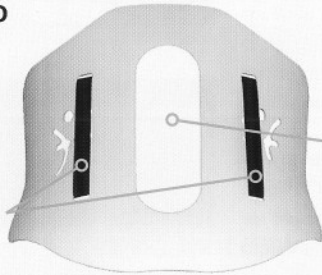
6X
Mechanical
Advantage



NINJA Belt

NINJA PRO
Posterior
Shell

Belt
Retainer
Straps



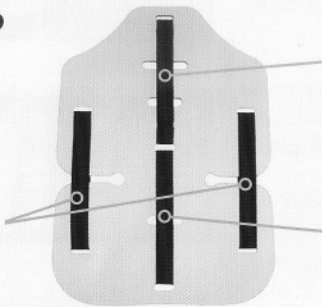
Spinal
Relief



NINJA PRO

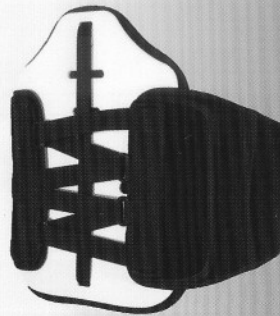
NINJA LSO
Posterior
Plate

Belt
Retainer
Straps



Adjustable
Kyphosis
Strap

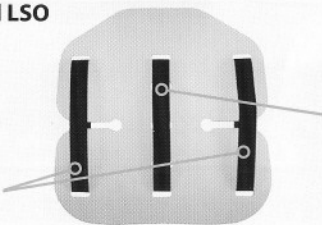
Adjustable
Lordosis-
Strap



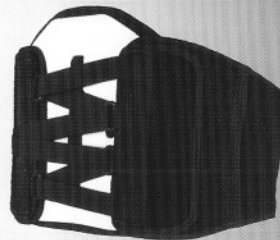
NINJA LSO

NINJA Mid LSO
Posterior
Plate

Belt
Retainer
Straps



Adjustable
Lordosis
Strap



NINJA LSO
Mid Profile

NINJA Progressive Spinal System

NINJA™
Fitting Information

