



Laser Therapy Consent Form

I hereby authorize and provide permission to perform a Class IV Laser Therapy treatment.

I understand that Class IV Laser Therapy is a safe and noninvasive treatment and has been cleared by the FDA to emit energy on the infrared spectrum to provide topical heating for the purpose of elevating issue temperature for the temporary relief of minor muscle and joint pain, muscle spasm, pain and stiffness associated with minor arthritis, promoting relaxation of muscle tissue, and temporarily increase local blood circulation. I understand that there is no promise or guarantee regarding the results of the treatment, and that to achieve maximum clinical results, I may need multiple treatments. I understand that mild adverse reactions with normal treatment protocols may occur. Some patients may report increased pain after the initial treatment or within 24 hours. I am aware of the following safety requirements.

CONTRAINDICATIONS:

I have informed the physician or assistant that I may have or use the following:

- Anticoagulants
- Autoimmune disorders
- Encephalopathy
- Epilepsy (mild)
- Iodine treated wounds
- Meningitis
- Multiple sclerosis
- Photosensitizing medications
- Renal failure (severe)
- Systemic infections lupus (severe)

PRECAUTIONS: Do not treat the area directly over and within a 5" radius of the following:

- Pacemaker
- Ununited epiphyseal plate
- Ununited fontanelles
- Tattoos- the tattoo area can be treated but treatment technique must be adjusted due to the high absorption rate of the tattoo ink
- Steroid injections- area can be treated after 72 hours of injection

ACKNOWLEDGEMENT:

I have read and understand the foregoing. This Laser Therapy Consent form applies to subsequent visits and treatments.

Patient Name: _____

Address: _____

Email: _____ Phone: _____

Signature: _____ Date: _____