

LASER THERAPY CONSENT FORM

Berman class IV Laser Therapy Treatment

Hereby authorize and provide permission to perform a Berman Class IV Laser Treatment.

I understand that the Berman 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 healing for the purpose of elevating tissue 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.

EYE SAFETY: I understand that Class IV Therapy Lasers emit both visible and invisible radiation. Protective eyewear is necessary at all times during the treatment. I will not remove the Safety Goggles until the administrator of the laser has turned off the laser treatment and provided notification that it is safe to remove them. I will remove all reflective objects, such

as rings, metal watchbands, and jewelry prior to treatment with the laser, to avoid reflective surfaces. I will never look directly into the end of the laser therapy hand piece.

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

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

PRECAUTIONS: Do not treat the area directly over and within a 10" 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 the injection.

I KNOWINGLY AND WILLINGLY CONSENT TO TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE. I UNDERSTAND THAT THIS CONSENT FORM APPLIES TO SUBSEQUENT VISITS AND TREATMENTS.

I CONFIRM ALL MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

Signature: _____ Date: _____

Name (print): _____