LASER SOLUTIONS AND MEDICAL ASSOCIATES.

PATIENT CONSENT FORM FOR DEEP TISSUE LASER THERAPY

LASER THERAPY

Laser Therapy is the use of monochromatic light emission from a laser used in treating musculoskeletal injuries, choric and degenerative conditions. The delivery system is placed in close proximity with the skin delivering energy in the form of photons allowing penetration of the tissue and having interaction with various intracellular bio-molecules such as cytochrome c oxidase, resulting in the normalization of cell function and enrichment of the body ability to heal. The following information outlines the scpecif effects of Deep Tissue Laser Therapy.

Photonic energy delivered by specific wavelength lasers is absorbed by chromophores in the body’s cells. These chromophores transform the photonic energy into cellular energy in the form of ATP which is energy for the cell. Photobiostimulation results in immediate pain relief as well as a cumulative healing response.

Typical treatments or sessions will last from 5 to 15 minutes in duration. The treatments are very comfortable for the patient as they will feel slight soothing warmth on their skin. The typical treatment schedule is 6 to 10 treatments. Upon completion of the initial set of treatments, evaluation will be made in order to access the ongoing treatment protocol. Unlike many other therapeutic modalities, Deep Tissue Laser Therapy has a curative component rather than simply treating symptoms of a disorder. The potential for medical applications of Deep Tissue Laser Therapy exists in many medical fields in order to reduce pain, inflammation, and to increase circulation

CONSENT:

I am aware of the following possible risks/complications with laser treatments.

DISCOMFORT: Some mild discomfort may be experienced during the treatment. The treatment should not be “hot” and any uncomfortable heat should be communicated with the clinician. If the sensation is not communicated there is a risk of burning the skin. Although very rare there is a risk of hypo or hyper pigmentation upon laser exposure to the skin. Treatment over heavily pigmented area or over a tattoo may cause increase of heat and discomfort.

EYE PROTECTION: Protective eyewear will be provided. It is important to keep these glasses on at all times during the treatment in order to protect your eyes from accidental laser exposure. Closing the eyes does not protect them from risk as the laser is designed to penetrate tissue.

Laser Therapy is not recommended if any of the following conditions exist:

* Pregnancy or Nursing
* Photosensitivity disorder
* Immunosuprpressive disease
* Bleeding disorder
* Seizure disorder triggered by light
* Currently taking photosensitive medication
* Active bleeding wounds
* Skin Cancer (Squamous or Basal Cell Carcinoma).

CONSENT AGREEMENT

I have notified my treating clinician if I have one or more of the conditions above.

I agree that the information listed above has been reviewed and presented with my clear understanding of what this procedure involves. All of my questions have been addressed to my satisfaction.

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Patient’s Signature Date Patient’s Name (Please Print)