



LASER THERAPY CONSENT FORM

Aspen Class IV Laser Therapy Treatment

I hereby authorize and provide permission to perform Aspen class IV laser therapy treatment(s).

I understand that the Aspen 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 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 to 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 and has turned off the laser 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 and hand piece.

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

- Adolescent growth plates
- Anticoagulants
- Autoimmune disorders
- Encephalopathy
- Epilepsy (mild)
- Hypersensitivity to laser
- Iodine treated wounds (severe)
- Meningitis
- Multiple sclerosis
- Neuronopathy
- Pregnancy
- Pacemaker
- Photosensitizing medications
- Renal failure (severe)
- Steroid therapy
- Steroids
- Systemic infections lupus
- Tattoos
- Un-united epiphyseal plate
- Un-united fontanelles

ACKNOWLEDGEMENT

I have read and understand the foregoing. This laser therapy consent form applies to subsequent visits and treatments.

Printed name: _____

Date: _____

Signature: _____