

# CONSULTATION FORM

## INFORMED CONSENT FOR INFRARED LASER THERAPY



Laser therapy is a safe and effective therapy that is FDA cleared for the temporary relief of pain and reduction of symptoms associated with mild arthritis and muscle pain. Laser also promotes relaxation of muscle spasm and promotes vasodilation. Adverse effects from laser therapy are normally rare and temporary.

Pain relief from laser therapy may be dramatic and substantial, lasting for hours, days or weeks. However, your results may be minimal or insignificant. Adverse effects of laser therapy may occur from multiple causes including hypersensitivity, preexisting health conditions, thermal effects, excessive pressure from the probe, and laser over-stimulation. Laser light can damage the retina in your eye. Always wear the laser protective glasses provided.

### **The most common adverse effects are:**

1. Temporary increase in pain during the application of the Laser.
2. Temporary increase in pain the following day after laser therapy.
3. Mild bruising from vasodilation or direct pressure of laser tip.
4. Temporary dizziness.
5. Reactions when photosensitizing drugs are used with laser therapy.

I understand the risks of laser therapy and agree to the treatment program outlined by my doctor.

Patient Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee Witness:

\_\_\_\_\_ Date: \_\_\_\_\_