

CONSULTATION FORM

INFORMED CONSENT FOR

LASER THERAPY



Laser therapy is a safe and effective treatment that is FDA approved 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, pre-existing health conditions, thermal effects, excessive pressure from the probe, and laser over-stimulation. Laser light can damage the retina of the eye. Always wear the protective glasses provided.

The most common adverse effects are:

1. Temporary increase in pain during application of the laser.
2. Temporary increase in pain the following day after laser therapy.
3. Mild bruising from vasodilation or direct pressure of the 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: _____

K Laser Pricing:

Single Treatment:	\$55.00
3-pack Treatment:	\$148.50 (savings of \$ 5.50 each session)
6-pack Treatment:	\$280.50 (savings of \$ 8.25 each session)
9-pack Treatment:	\$396.00 (savings of \$ 11.00 each session)