

## Informed Consent

*BrightWave Pain Therapy is not a diagnosis or treatment by a physician or other licensed medical care provider. It is therapy and is not intended to replace medical diagnosis or treatment. If you have, or suspect that you have a medical problem, please consult with your physician for diagnosis and/or treatment.*

BrightWave Pain Therapy offers an FDA-approved, therapeutic Class IV Laser therapy for the relief of chronic and acute pain, including: arthritis, fibromyalgia, sports injuries, back pain, and more. Class IV Laser systems work by delivering deep, penetrating light energy to injured areas to reduce inflammation, improve vascular activity, increase metabolic activity, and heal tissue. BrightWave Pain Therapy offers an alternative to more extreme forms of pain management, like opioids and surgery.

Therapeutic, Class IV Laser treatment works best when the source and cause of your pain has been medically diagnosed. There is no guarantee of a positive outcome, but BrightWave Pain Therapy is an excellent tool to reduce your pain. For optimal effectiveness, it is best to follow your individualized treatment plan closely and avoid activities that may aggravate your injury or condition during the treatment timeframe.

Like all forms of therapy, there are associated risks as well as benefits. Under certain situations, a superficial burn of the skin could occur. This is based upon skin discolorations (i.e. tattoos), skin pigmentation, and the use of topical creams, lotions, or analgesic balms. Exposure to the eyes during the procedure may result in damage to the retina.

### **IN ORDER TO PREVENT ADVERSE REACTIONS, BRIGHTWAVE PAIN THERAPY REQUIRES ALL PATIENTS TO ADHERE TO THE FOLLOWING GUIDELINES:**

- Approved safety goggles must be worn during all laser treatment sessions, at all times
- Topical creams, lotions, and/or analgesic balms should not be used immediately before or during treatment
- Inform the Certified Laser Therapist if you have any skin conditions or drug interactions that may increase your skin's sensitivity to light
- Clean the treatment area thoroughly prior to your scheduled appointment
- Please wear clothing that will allow for adequate contact with your treatment area (the laser needs to be applied directly to your skin)

### **YES / NO**

1. Are you over 18? \_\_\_\_\_
2. Do you currently have skin cancer? \_\_\_\_\_
3. Do you have a pacemaker or other implanted cardiac device? \_\_\_\_\_
4. Have you received an injection in the treatment area in the past two weeks? \_\_\_\_\_
5. If you are female, are you pregnant? \_\_\_\_\_

### **PATIENT INFORMATION**

Full Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I wish to proceed with medical laser therapy, which I have sought to help in the care and treatment of my condition. I have read the BrightWave Pain Therapy PC, Privacy Notice.**

Print Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_