

## COLD LASER CONSENT FORM

Cold Laser, photobiomodulation, or Low Level Laser Therapy (LLLT) has been used successfully to treat many conditions. It is an effective therapy for musculoskeletal and neurological pain and injuries including mild-to-severe sprain/strain, nerve root pain, peripheral nerve pain, carpal tunnel syndrome, plantar fasciitis, and reduction of scar tissue. It has clinically been shown, when applied correctly, to result in a significantly reduced healing time and the injured tissues heal with increased function and tensile strength.

LLLT is currently being used by chiropractors, medical doctors, physical therapists, plastic surgeons, oncologists, veterinarians, etc. It is an extremely safe treatment modality and its clinical potential is just now being developed and recognized. It has become very popular internationally for treating open wounds, pressure sores (bed sores), skin conditions, cosmetic disorders, nerve injuries, and polyneuropathies (i.e. leg/hand/foot pain). It has more recently been used in the treatment of stroke patients, autism, nerve regeneration and the reduction of keloids.

If the doctor recommends this modality in your case, it is important before treatment that you let her know if you (please check any that apply):

- are pregnant
- are light sensitive
- are currently taking light-sensitizing medications (i.e., antibiotics, antidepressants, Retin-A, tetracycline, etc.)
- are currently taking immunosuppressant drugs (drugs used after transplants)
- are being treated for cancer
- are using steroids
- sunburn easily or develop sun rashes
- have suffered seizure disorders

The above information is true and accurate to the best of my knowledge. I will inform the doctor promptly if there are any changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name