

Informed Consent for Phototherapy

LightMD's ABPT1004 Phototherapy System™ is a medical-grade device that uses the latest in LED technology to provide full-spectrum red and infrared light to the body for the purpose of providing effective relief and reducing recovery time from injury. It is safe, non invasive and was approved by the FDA in 2015.

It is the first device to achieve FDA approval for the purpose of elevating tissue temperature; for the temporary relief of minor muscle and joint pain, arthritis, sprains, strains, and muscle spasm, as well as back, neck and shoulder pain; relieving stiffness; promoting the relaxation of muscle tissue; and to temporarily increase local blood circulation where applied.

The programmable phototherapy system provides the full spectrum of red through infrared light to different parts of the body – skin, tissue, muscles, etc. – that respond best to different wavelengths. During your treatment, we will use a set of programed protocols for your specific condition and treatment area/s.

Results from phototherapy may vary from person to person, however we find that eight to ten treatments, applied twice a week achieve the most noticeable results.

During your treatment, you will experience heat to the treatment site with no adverse effects. You will be provided with water to ensure hydration and may find that you experience a sense of well-being, feel relaxed and may doze off.

Post treatment your treated area/s will be flushed and you may experience itching. Treat the treated area gently and do not apply cold compresses. You may experience relief after the first treatment/s and can resume normal activity.

Consent for Treatment

I understand that LED pads will be placed to one or two areas of my body where I am experiencing discomfort. Treatments are 20-minutes and my first treatment will include an additional 20-minute complimentary treatment.

I am aware that while some individuals have excellent results, it is possible that this treatment may not work for me. I understand that I have alternative treatment options such as chiropractic manipulation, anti-inflammatory medication, ice and heat application, massage therapy, and acupuncture to name a few.

I have read the above information and understand it completely. My questions have been answered satisfactorily by the BIOLIGHT Therapy staff. I accept the risks and complications of this procedure. By signing this consent form I agree to photolight therapy treatments.

LightMD™ phototherapy is intended for pain management purposes only and is not intended to diagnose, treat or cure any disease or condition.

Signature _____

Print Name _____

Date _____

Witness _____