

## Informed Consent for Light Therapy

LightMD’s ABPT1004 Light Therapy 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 Light Therapy 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 programmed protocols for your specific condition and treatment area/s.

Results from Light Therapy may vary from person to person, however we find that 10 to 12 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. Do not apply cold compresses and drink water; as Light Therapy causes dehydration. You may experience relief after the first treatment/s and can resume normal activity. Continue to drink water after your treatment.

### **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 Light Therapy treatments.

**LightMD™ Light Therapy 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 \_\_\_\_\_