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

A Multi-Radiance Laser is a therapeutic laser that uses infrared light as a treatment for many different ailments and conditions.

The FDA has approved laser therapy for use in humans. It is painless, non-invasive and non-addictive. Dr. Amy Winchester takes appropriate precautions and provides specialized eyewear (when appropriate) to protect the eyes of the patient, viewer and operator. The therapy can be used in a variety of acute and chronic pain cases, such as pain associated with arthritis and traumatic injury. There are some contraindications so please make sure none of the following apply to you:

Contraindications for Laser Therapy

* Pregnancy
* Cancer or serious systemic illness
* Blood thinning medication
* Kidney/Liver transplant
* Pacemaker
* Fever >103
* Recent Botox injection at the area of pain
* Recent Corticosteroid injection (2 weeks post)

It is the patient’s responsibility during the course of their laser treatment to inform Dr. Amy Winchester and her staff if there are any major changes to your health (i.e pregnancy, pacemaker, etc.)

Initial here:\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The general guideline for most ailments ranges from 7-10 treatments. More severely affected patients may require a longer treatment course. To maintain these beneficial effects, patients may require additional maintenance session every 1-3 months. Adverse or side effects from laser therapy are rare. If any they are temporary and may include but are not limited to:

* Temporary increase in pain during application of the laser
* Temporary increase in pain the following day after laser therapy
* Mild bruising from vasodilation or direct pressure of laser diode

I have read and fully understand the risks of laser therapy and agree to the treatment as outlined by Dr. Amy Winchester.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Legal Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_