

## Modalities

### **Red Light Therapy**

Red Light Therapy uses low-level wavelengths of red and/or near-infrared light intended to support circulation, relaxation, skin rejuvenation, and overall wellness.

### **Avacen Therapy**

Avacen (Advanced Vascular Circulation Enhancement) therapy is a non-invasive modality designed to support circulation through gentle heat and negative pressure applied to the palm of the hand.

## Potential Risks

While these therapies are considered low risk, there are some side effects that may occur. These include, but are not limited to :

### **Red Light Therapy:**

Temporary redness or warmth of skin

Mild skin irritation

Headache

Dizziness

Light sensitivity

Aggravation of photosensitive conditions

### **Avacen:**

Temporary redness of the hand

Numbness / Pins & Needles sensation

Mild dizziness

Temporary discomfort

Rare: lightheadedness or blood pressure fluctuation

Individual results may vary. The client understands and voluntarily assumes all risks, known or unknown, foreseeable or unforeseeable, associated with participation in this treatment.

\_\_\_\_\_ I understand the potential risks and understand it is my responsibility to consult with my physician if I have any concerns regarding my participation.

\_\_\_\_\_ I understand these services are offered for wellness purposes and are not intended to diagnose, treat, cure, or prevent any disease.

## **Contraindications & Health Disclosure:**

Clients are strongly encouraged to consult with their physician prior to using our devices. The contraindications listed below are not intended to be a complete or exhaustive list.

Recent surgery  
Use of blood thinners  
Cancer or history of cancer  
Photosensitivity disorders  
Use of photosensitizing medications  
Cardiovascular conditions  
Blood clotting disorders  
Pacemaker or implanted medical devices  
Open wounds or infections  
Pregnant or trying to become pregnant

\_\_\_\_\_ I certify that the listed contraindications do not apply to me, or, if they do, I have obtained approval from my physician to use the device(s) offered. I understand that Better Bones is not responsible for determining whether this treatment is appropriate for me, and I voluntarily assume full responsibility for any known, unlisted, or unknown contraindications.

## **Misuse of Equipment**

Client agrees to follow all staff instructions regarding the proper use of equipment. Client shall not adjust, tamper with, misuse, or otherwise interfere with any device or its settings. Client acknowledges financial responsibility for any damage to equipment resulting from misuse, negligence, or failure to follow provided instructions. The spa reserves the right to terminate any session if safety guidelines are not followed.

I certify that I have read and understand all information on this document and agree to its terms.

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