

CONSENT TO LOW INTENSITY LASER TREATMENT AT OSWELL CHIROPRACTIC CENTRE

420 Talbot St. W., Aylmer, Ontario 519-765-2565

Low Intensity Laser Therapy (LILT) consists of the use of monochromatic light emission from a Low Intensity Laser Diode (250 milliwatts or less) or an array of high intensity Super Luminous Diodes (providing optical power in the 1000-2000 milliwatt range) to treat musculoskeletal injuries, chronic and degenerative conditions and to heal wounds. The light source is placed in contact with the skin allowing the photon energy to penetrate tissue, where it interacts with various intracellular biomolecules resulting in the restoration of normal cell morphology, function and the enhancement of the body's healing processes.

Low Intensity Laser Therapy improves/cures multiple pathologies with the following objectives in mind, i.e.:

- Elimination of pain.
- Reducing or obviating dependence on pharmaceuticals.
- Restoration of mobility (normal range of motion).
- Improve quality of life (activity levels, sleep, etc.)
- Remove the need for surgical intervention in many situations.

Treatments are usually scheduled 2-3 times per week or more frequently in acute cases, at least initially. Subsequent treatments are scheduled in accordance with the patient's physical status. With regard to the number of treatment sessions, these may vary from 1 to 30. A minimum of 5 treatments is recommended. It is important to be aware that before treatment is initiated that the exact number of treatments cannot be predicted. In most cases we expect to see some change in symptomology after 3-5 sessions. There are however exceptions to this rule. Acute injuries generally respond more rapidly than chronic problems and each individual's tissue response varies. Please do not forget that our objective is to minimize the length of treatment and the number of visits. On occasion, however, even our best efforts require multiple treatments, patience and time.

FEE SCHEDULE & PAYMENT: Laser Therapy---- \$40.00 per 30 minutes for each system used

All payments for professional services are due on the date of the appointment. An invoice and receipt will be issued to you, which can be submitted by you to your extended health care insurance for reimbursement. Please notify the clinic 24 hours in advance for appointment cancellation or a fee will be applied.

The risk of complications from LILT treatment is substantially less than that associated with many other treatments, medications, and procedures available for the same conditions. It is the practice of our office to inform patients with regard to these and other matters. Some patients have experienced exacerbation of pain or fatigue subsequent to treatment. If this occurs, utilize pain medication, and/or ice on the area of involvement and notify the doctor/therapist prior to the next treatment. The existence of this phenomenon is due to a sensitive tissue response and protocols will be adjusted accordingly on your next visit. A dull aching sensation subsequent to treatment lasting less than 24 hours indicates that your tissues are reacting positively on the cellular level. Contraindications to treatment include: first trimester of pregnancy and patients on photo-sensitive medications. Laser does not cause cancer, has no cytogenic effect and does not damage tissues.

I acknowledge that I have discussed, or I have had the opportunity to discuss, with my doctor the nature, purpose and procedures of LILT treatment in general, my treatment in particular, alternative treatments and procedures, material risks of those treatments and procedures, the corresponding fee schedule as well as the contents of this consent form. I understand that my clinical information maybe used as part of a clinical study. I hereby give my full consent and permission to use this information solely for the purpose stated. I consent to the low intensity laser treatments offered or recommended to me by my doctor. I intend this consent to apply to all my present and future low intensity laser treatments.

Date	Patient Signature/Legal guardian	Witness
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	Name printed	