CLASS IV LASER THERAPY CONSENT FORM

Patient Name: _____ **Date:** _____

Class IV Laser Therapy is a non-invasive treatment that uses therapeutic light energy to help reduce pain and inflammation, improve circulation, and promote tissue healing.

Potential Benefits

• Pain relief
• Reduced inflammation
• Accelerated tissue healing
• Improved mobility and function

Possible Risks

Class IV Laser Therapy is generally safe when administered by trained professionals. Possible side effects may include temporary soreness, redness, warmth, or skin sensitivity. Rarely, skin irritation or burns may occur. Protective eyewear must be worn by both the patient and provider during treatment.

Please Inform Your Provider If You:

Are pregnant or think you may be pregnant.

- Have active cancer or a suspected malignancy in the treatment area.
- Have an active infection, bleeding disorder, or open wound in the treatment area.
- Have a condition or take medications that cause sensitivity to light.
- Have recently received steroid injections in the treatment area.
- Have any medical condition that may affect your treatment.

Patient Acknowledgment

I acknowledge that the nature, purpose, benefits, and potential risks of Class IV Laser Therapy have been explained to me. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

I understand that:

- Results vary from person to person, and no guarantees have been made regarding the outcome of treatment.
- Multiple treatments may be recommended to achieve the desired results.
- I may withdraw my consent and discontinue treatment at any time.

By signing below, I voluntarily consent to receive Class IV Laser Therapy.

Patient Signature: _____ **Date:** _____

Parent/Guardian (if applicable): _____ **Date:** _____