



INFORMED CONSENT FOR LASER THERAPY

Laser therapy is a non-surgical application of laser light. Unlike most other forms of therapy, laser therapy is classified as an “actinotherapy” in that it results in a chemical and metabolic change of the involved tissues. As a result, laser therapy can relieve pain, decrease inflammation, and accelerate the healing of tissue (biostimulation), increase blood flow and decrease tissue swelling.

Like all forms of medical treatment, there are associate risks as well as benefits. Exposure to the eyes during the procedure may result in damage to the retina. Under certain situations a superficial burn of the skin could occur. This is based upon skin pigmentation, skin discolorations (i.e. tattoos), or the use of topical creams, lotions or analgesic balms.

In order to prevent adverse reactions to laser therapy, all patients must adhere to the following guidelines:

- Wear approved safety goggles during all laser treatment sessions;
- Avoid the use of any topical creams, lotions or analgesic balms immediately before or during treatment;
- Inform the doctor of any skin conditions including skin sensitivity to light;
- Clean the area of treatment thoroughly prior to your scheduled appointment.

I wish to proceed with laser therapy which Dr. _____ has deemed to be medically necessary in the care and treatment of my condition.

Print Patient Name

Patient Signature

Date

Print Witness Name

Witness Signature

Date