

Consent Form



PATIENT CONSENT: By answering the following questions, you will assist our team in identifying if you are a qualified to receive the application of today's treatment.

- Are you pregnant? Yes No
- Do you have cancer/tumor? Yes No
- Do you have a skin infection? Yes No
- Are 16-years of age or younger? Yes No
- Do you have a tear in the tendon? Yes No
- Do you have a cardiac pacemaker? Yes No
- Do you have bleeding disorder/tendency to bleed? Yes No
- Are you on NSAIDS, OPIOIDS or anti-coagulant treatment? Yes No
- Have you received a cortisone injection within the last 30-days? Yes No

Please list which areas of concern you would like addressed and treated.

RISKS OF PROCEDURE: There may be temporary pain &/or soreness. This typically resolves within hours or 1-2 days.

I, _____, (circle one: Patient / Legal Guardian) do hereby consent to authorize the application of today's treatment for the above stated issues. I fully understand the nature of today's treatment/procedure. I have researched the treatment option &/or the treatment has been fully explained to me by the treating physician/staff. I confirm that upon entering the facility I have been provided the opportunity to have a discussion to clarify any concerns I may have. I authorize that guaranteed results/expectations have not been promised to me. I also understand I am forgoing the opportunity for alternative &/or medical treatments and opting to have today's treatment per my personal discretion.

Signature: _____

Date: _____



What to Expect

The First Visit (Consultation & Treatment)

Our doctor will conduct an interactive consultation to discuss more about StemWave, your goals, and expectations regarding your specific case. At the start of the treatment, we utilize the device as a diagnostic tool over the injured area to identify the primary location(s) of pain. Once located, we focus the remainder of treatment towards that area to ensure we maximize the positive biological effects. The treatment itself can be conducted in less than 10 minutes.

Subsequent Treatments (Care Plans)

Although some patients feel immediate improvement after their first visit, this is not a “one and done” treatment solution. Subsequent treatments are required to further the process of healing and achieve lasting results. Based on your specific goals & expectations provided, our doctor will put together a recommended care plan that best suits your needs.

Care plans commonly range between 8-12 sessions. Patients typically experience significant progress after 3-4 treatments, however, we often see a noticeable improvement after the first treatment. Subsequent treatments that follow will offer continual improvement and sustained results.

Does Treatment Hurt?

When we are trying to identify damaged tissue or inflammation, we will move the treatment source around the injured area. When the waves from the treatment source penetrate healthy tissue, you won't feel much of anything. However, when the waves hit damaged tissue, you will experience manageable pain or discomfort – but not of intensity that requires numbing cream or anesthetic.



Introductory Treatment

Date of treatment: _____

Recommendations:

Follow up with 2 treatments the first week,
2 treatments the second week and one
treatment per week for four weeks out.

Total sessions: _____

Total Areas Per Session: _____

Total Investment:

Introductory Fee = \$ _____

Treatment Price x 8 Sessions = \$ _____

Pre-payment Discount _____ = \$ _____

Total = \$ _____

Prepayment with Discount

2 Equal Payments

3 Equal Payments

# payments	date	fee

Name on Card: _____ Card Type: Amex Discover MC Visa

Card #: _____ Expiration Date: ____ / ____ CVD: _____

I, _____ (name of patient) hereby authorize
_____ (name of clinic) to process the above fees.

Signature: _____ Date: _____