



## Photobiomodulation (PBM) LED / Near Infrared Light Waiver & Informed Consent

I understand that CryoHealth Recovery technicians are not licensed physicians and are unable to cure, diagnose, mitigate, prevent, or treat conditions. Services provided by the demonstrator are for pain reduction and increased circulation. Light therapy should not be used as a replacement for medical treatment from a licensed physician or other healthcare provider.

I have been informed that light therapy is generally safe. While side effects are not common, if they do occur, they're usually mild and short lasting. *They may include: lightheadedness and skin itching. If taking photo-sensitive, medication, this treatment may also provide the same discomfort. As light is bright and intense, please begin with eyes closed and gradually open eyes. If this is the first treatment, you may begin with 5 minutes per side and work up to the full 20 minutes.*

This process has specific wavelengths of red and near infrared light that have been clinically proven to activate various intracellular metabolic pathways – leading to increased ATP, enhanced cellular signaling and elevated protein synthesis.

### **For the diagnosis and treatment of any disease, consult a licensed Physician.**

By signing below, I have read and understand all above information, and give my full consent to receive light therapy from the technician. I acknowledge that this consent is given of my own free will and conscience, and that any questions have been answered by the CryoHealth Recovery technician.

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Are you/do you currently take any of the following (Please check all that apply):

- Pregnant / Breastfeeding
- Epilepsy / Seizures
- Hemorrhaging / Bleeding
- Infectious Disease
- Light Sensitivity
- Undergoing Chemotherapy

\*If you answered yes to any item, you must get approval from a licensed physician prior to demonstration or use of the device.

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