



Laser Therapy Consent Form

Laser therapy is a drug free, surgery free, non-invasive treatment. It is a FDA- cleared modality that reduces inflammation and that results in pain reduction. Laser therapy is effective in treating acute pain, chronic conditions, and post-operative pain. Laser therapy treatment is soft, painless and improvements are noted after 3 to 5 treatment sessions. Laser therapy utilizes the body's own healing powers by stimulating cellular activity. Laser treatment initiates a healing process that continues to actively reduce inflammation for up to 24 hours after treatment.

Common Use:

- Arthritis, tendonitis, DJD, Hip Dysplasia
- Trauma (wounds) cuts, bites
- Post- operative healing (tooth extraction pain, periodontal disease) TPLO, Cruciate repair, Patella Luxation repair
- Moist dermatitis, hot spot, allergies, lick granulomas, feline acne, stomatitis
- Sprains, Strains, Fracture

Biological Effects:

- Anti-inflammation, Analgesic effect, accelerated tissue repair and cell growth
- Improve vascular activity, increased metabolic activity
- Trigger points
- Reduced fibrous tissue formation, improved nerve function
- Immunoregulation, faster wound healing

I hereby request and consent to the performance of assessment, various modes of physical therapy (PT), laser therapy (LT), and other procedures. I have had the opportunity to discuss the nature and purpose of assessment, various modes of PT and LT. I understand that results are not guaranteed and consent to treatment. I intend for this consent to apply to my entire pet present and future needs.

Date this _____ day of _____;
20____.

Owner signature:
