



## Informed Consent for Cold Laser/Low-Level Laser Therapy

Cold Laser, also referred to as Low Level Laser Therapy, is a procedure regarded as one of the most cost effective and safest of the healing arts. There are no known side effects of phototherapy. It is recommended, however, that this form of treatment not be used over and around the uterus during pregnancy; where there is active ongoing hemorrhaging/bleeding tendencies; when there is any indication or diagnosis of blood clots; over and around the thyroid gland; cancer (tumors or cancerous areas); over the cardiac region and vagus nerve; where analgesia/pain relief may mask progressive pathology; over an area that has been treated with a photosensitizing agent; in a patient taking medication that may cause sun-sensitivity (including some antibiotics & St. John's Wort); in a patient with epilepsy (pulsed light therapy); over the growth plates in children; or direct irradiation of the eyes.

I hereby consent to the performance of Cold Laser/Low Level Laser Therapy on me by Vanessa Teff or Dr. Joseph Teff. I have read or have had read to me the above consent. I have also had an opportunity to ask questions about its content and by signing below, I agree to the procedures. I understand that there are no guarantees with any type of treatment as it is dependant upon each individual's ability to heal.

I intend this consent form to cover the entire course of care for my present condition(s) and for any future conditions(s) for which I seek care. I am financially responsible for all services.

**Signature** (client/parent/guardian):

**Date:**

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