

*810 Healing LLC
545 North Broad Street
Canfield, Ohio 44406*

Informed Consent for Photobiomodulation

I hereby request and consent to red light therapy, also known as photobiomodulation. I understand that photobiomodulation is a treatment that uses specific wavelengths of light to impart energy into injured cells and tissue. This energy is absorbed by the mitochondria and converted into biochemical energy for repair processes in the body. The expected direct outcomes from laser treatment may include improvements in pain reduction, inflammation reduction and increase in range of motion.

I further understand and am informed that as in all treatments, there are some risks involved with photobiomodulation therapy. Short term aggravation of symptoms or skin irritation is possible. I understand that safety wear, provided by the clinic must be worn by me during treatment.

I intend this consent to apply to and future care at this clinic.

Dated this _____ day of _____, 20____.

Name of patient _____

Signature of patient _____