



**NATUROPATHIC
MEDICINE**
of Southern Arizona

**Laser
Therapeutics**

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INFORMED CONSENT FOR LASER THERAPEUTICS PATIENTS

Low-level laser energy has been studied for about 40 years. It has been used as a medical treatment modality for approximately 35 years. It is known as Low Intensity Laser Therapy, Low Level Laser Therapy, and informally as “cold” laser therapy.

In 1998, the Food and Drug Administration (FDA) approved the importation and testing of a low-level laser instrument that was the first significant change in laser delivery in the previous 15 years. The BioFlex Professional Laser System (by Meditech International, Inc., Toronto, Canada) represents the greatest improvement of this technology since its invention.

LILT has been thoroughly researched for almost three decades. There have been more than two thousand articles and research papers published concerning this form of therapy. There has never been a report of any significant long-term side effects directly resulting from LILT.

This BioFlex laser has been developed over an 18 year period with the assistance of Drs. Tina Karu and Mary Dyson at the University of Moscow, London, Kansas Medical Center respectively. They are two of the most respected and prolific researchers in the field of LILT.

On September 24, 2005 the American Academy of Pain Management endorsed LILT as a “safe and effective treatment for pain.” International research has shown an 88-96% success rate. A 1,000 patient study conducted by Meditech at their Toronto laser therapy clinic showed that an average of 10 treatments were needed for the resolution of various conditions.

Additional information about LILT is provided to every patient upon request. Please feel free to ask any questions you have concerning this form of treatment.

CONSENT TO TREATMENT

I hereby authorize Dr. Garrett Smith (NMD), or a qualified Laser Technician to administer LILT as deemed necessary. I have read, or have had read to me, information about LILT. I have had the opportunity to ask questions about this technology, and by signing below, I agree to LILT treatment. I intend this consent form to cover the entire course of treatment for my present condition(s) for which I seek treatment.

The undersigned is aware that Dr. Garrett Smith, NMD is the only person at Laser Therapeutics licensed to diagnose clients.

The other qualified laser technicians are not doctors and do not practice medicine. Their opinions are strictly their own and do not constitute medical advice or diagnosis.

I understand that symptoms of any kind are a result of abnormal cell function. Low Intensity Laser Therapy has been shown to return cells to normal function. Once cells heal, further treatment is usually not necessary unless the area is re-injured.

I accept responsibility for the medical charges incurred by myself or the patient that I am guardian over. I agree to pay all bills at the time of service in full, unless other arrangements are made with the Clinic Director.

I have read and understand the above.

Name of patient (please print) _____

Patient signature _____ Date _____

Guardian or Spouse authorizing care _____ Date _____

CANCELLATION POLICY

As a courtesy to this medical office and other patients, we ask that you **agree to give a minimum of twenty-four hours notice to reschedule or cancel any appointment.** In the event of multiple missed appointments this office may, at our discretion, require a non-refundable deposit in order to hold future appointment times.

We strive to stay on time, scheduling appointments on the half-hour. In consideration of other patients' time, we ask that you are on time for your appointments. If you arrive late, we will do our best to accommodate you, which may necessitate reducing treatment time so that the next patient may begin their treatment on schedule. We thank you for your consideration.

Patient's initials _____ Date _____

SUPPLEMENT RETURN POLICY

To insure the optimum quality of our physician grade supplements, we apologize that we cannot accept returns on these items once they have been purchased and have left the office:

- any opened supplements
- any oil supplements
- any softgels

All other unopened supplements may be returned within one week of purchase.

***Please note: Some of the supplements Dr. Smith prescribes can be purchased at health food stores or other locations. Dr. Smith can only vouch for the quality and potency of the supplements that he offers through his office.**

Patient's initials _____ Date _____