

PATIENT REGISTRATION

MLS® Laser Therapy

ARTHRITIS & SPORTS

Orthopaedics • Physical Therapy • Wellness

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Email Address: _____ Phone: _____

Primary complaint: _____

Length of time with this condition: _____

How did you hear about MLS Laser Therapy?: _____



What is your pain level in the affected area (circle one):



NO
PAIN



MODERATE
PAIN



WORST
PAIN

Please check any of the following that apply to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Take medication that increases sensitivity to sunlight | <input type="checkbox"/> Have a bleeding/clotting disorder | <input type="checkbox"/> Been injected with steroids in the past 2-3 weeks |
| <input type="checkbox"/> Take anticoagulants | <input type="checkbox"/> Are pregnant | <input type="checkbox"/> Have a cancerous lesion(s) or history of cancerous lesions |
| <input type="checkbox"/> Have a seizure disorder that is triggered by light | <input type="checkbox"/> Have HIV positive history | <input type="checkbox"/> Have a spinal cord stimulator |
| <input type="checkbox"/> Have a pacemaker | <input type="checkbox"/> Leukemia | |

Please list medications you are currently taking:

For office use only:

Diagnosis: _____

Robotic Laser Setting: _____

Number of visits scheduled: _____

Payment: ☐ Individual ☐ Package

Informed Consent for Laser Therapy

Laser Therapy is a non-surgical application of laser light. Unlike most other forms of therapy, laser therapy is classified “actinotherapy” in that it results in a chemical and metabolic change of the involved tissues. As a result, laser therapy can relieve pain, decrease inflammation, accelerate the healing of tissue, increase blood flow and decrease tissue swelling.

Like all forms of medical treatment, there are associated risks as well as benefits. Exposure to the eyes during the procedure may result in damage of the retina. Under certain situations a superficial burn of the skin could occur. This is based upon skin pigmentation, skin discolorations (i.e. tattoos), or the use of topical creams, lotions or analgesic balms.

To prevent adverse reactions to laser therapy, all patients must adhere to the following guidelines:

- Wear approved safety goggles during all laser treatment session;
- Avoid the use of any topical creams, lotions or analgesic balms before or immediately after treatment;
- Inform the technician of any skin conditions including skin sensitivity to light;
- Remove jewelry or any shiny objects (watches, bracelets, chains, etc.) at or around the treatment area
- Clean the area of treatment thoroughly prior to your scheduled appointment.

Insurance Coverage

MLS Laser Therapy is cleared for clinical use by the FDA. Insurance reimbursement is very limited at best; therefore, we do not participate with any insurance plans at this time. While laser therapy is not yet covered by traditional insurance, it is affordable to most patients, starting at \$60 per treatment. You may submit your paid receipt to your insurance company for consideration.

Additionally, patients may use their HSA and FSA funds to pay for the laser therapy. If you participate in an HSA or FSA, please contact your human resource department or HSA/FSA provider to inquire how to be reimbursed.

I have read the above paragraphs, and understand the information provided. The information provided has been explained to me, and all questions which I have asked have been answered to my satisfaction.

By signing below, I acknowledge that I wish to proceed with laser therapy, which my provider has deemed to be medically advantageous in the care and treatment of my condition.

Patient Name (please print): _____ Date: _____

Signature: _____