LUTRONIC
Intelligent Care
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HEALITE II TREATMENT CONSENT FORM

This form is designed to provide you with the information you need to make an informed decision on whether or not to have a HEALITE II treatment procedure performed. If you have any questions or do not understand any part of this consent, please do not hesitate to ask us.

I hereby authorize **[INSERT FACILITY NAME]** to perform treatment on me. I understand that the procedure is purely elective and I have chosen to receive treatment for:

- ❑ Temporary relief of minor muscle and joint pain to:_____(area)
- ❑ Temporary relief of arthritis or muscle spasm to:_____(area)
- ❑ Relaxation of muscle tissue to: _____(area)
- ❑ Temporarily increase local blood circulation to: _____(area)

I understand the nature of my condition, the nature of the procedure, the alternative treatments available, and the benefits to be expected compared with alternative approaches. I understand that optimal results are achieved only with a series of treatments and that I may not see optimal results after one treatment. The need to complete a treatment plan has been fully explained to me.

I consent to photographs being taken to evaluate treatment effectiveness, for medical education and training. No photographs revealing my identity will be used without my written consent.

"Before and After Instructions" have been discussed with me. The procedure, as well as potential benefits and risks, have all been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment. I certify that I am a competent adult of at least 18 years of age, or that if I am a minor under the age of 18, I understand that the consent of my parent/legal guardian/person having legal custody will also be required before treatment.

Patient Signature	Print Patient Name	Date

Physician Signature	Print Phycisian Name	Date