

**Greenway Cotton Chiropractic  
16995 W. Greenway Rd. Suite 102  
Surprise, AZ, 85388**

Cold Laser Therapy Information and Contraindications

**What Is Cold Laser Therapy**

Cold Laser speeds up the metabolic process, stimulates cellular activity and restores balance in your body. It is primarily used for reduction of pain and inflammation and does a great job helping to repair painful and dysfunctional areas of injury. Basically, it helps you heal faster without drugs, side effects or the necessity for surgery. Primarily, it is used for acute injuries but works efficiently with chronic problems such as arthritis.

- It promotes healing and pain relief with no side effects, drug interaction effects, or invasive surgery
- It treats acute injuries, surgery, and pain of chronic conditions such as arthritis
- It gives you pain relief that is felt immediately

**Applications For Cold Laser Therapy  
Connective Tissue Injuries / Disorders**

- Sprains
- Strains
- Tendonitis
- Tendon ruptures

**Joint Injuries / Disorders**

- TMJ disorders
- Osteo Arthritis
- Dislocations
- Ligament injury

**Muscle Injuries / Disorders**

- Muscle bruises, contusions
- Muscle ruptures
- Muscle contractures
- Myositis

**Contraindications: Or Conditions requiring caution**

- Patients with photophobia
- Direct irradiation of the uterus during pregnancy
- Direct irradiation of the thyroid gland
- Treatment of cancerous tissues or tumors
- Treatment of patients pre-treated with photosensitizers

I have read the contraindications and consent that I do/ I do not have any of the following.

Patient Signature: \_\_\_\_\_

**NO GUARANTEES-** Because all individuals are different, it is not possible to completely predict the benefits from this treatment. By signing this form I acknowledge that guarantees as to the final results of my treatment have not been made. Some individuals will have a very noticeable improvement after the first treatment, while others may have little or no improvement. I understand that additional treatments for additional fees may be needed to achieve my desired end result.

I have fully read and understand the benefits and contraindications of Cold Laser Therapy. I give Greenway Cotton Chiropractic permission to administer laser therapy.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_