



## Softwave Therapy (OWIOO) Consent Form

I understand and am aware of the following information about Softwave Therapy:

1. Possible contraindications to Softwave Therapy include the following conditions and we don't recommend treatment with the following conditions.
  - a. Pregnancy
  - b. Cancer or tumors
  - c. Infected Psuedarthrosis in the acute state
  - d. Coagulation disorders (blood clots)
  - e. Open Epiphyseal Plates
  - f. Sensitivity to Electromagnetic Radiation
2. Areas that cannot be treated with Softwave therapy:
  - a. Skull bones or Face
  - b. Ribs
  - c. Internal organs (especially the lungs)
3. For best results patient must follow through with a full treatment of 3-4 sessions once a week, for 3-4 weeks.
4. Following treatment no anti- inflammatory (advil, alieve, ibuprofen) medications are allowed for 2-3 days.
5. Following treatment patient should not exercise specific body part being treated for 48 hours.
6. Results may vary and usually will take place 8-12 weeks following treatment.

I, \_\_\_\_\_, have read, and fully understand and consent of treatment for the OWIOO. I agree to hold the office harmless from blame regarding the soft wave-shock wave therapy provided by doctors of Alliance Spine and Physical Medicine.

I have read and fully understand the above information.

Signature Date://