



CONSENT TO TREATMENT

I hereby request and consent to One 2 One Physical Therapy, L.L.C. to perform rehabilitative treatment and care as prescribed by my physician and/or recommended by my physical therapist.

I understand and am informed that treatments performed may have some risks and I have the right to ask about these risks prior to, during, and after treatment. I also have the right to have any questions answered about my condition.

Laser therapy is an FDA approved, non-invasive treatment and you may experience some degree of warmth during treatment and effects may continue for up to 18 hours post-treatment. Increased soreness may occur which is a normal healing phenomenon called retracing.

Dry needling treatment can be associated with risks such as bruising, infection and fainting. The most serious risk is accidental puncture of a lung (pneumothorax). If this was to occur, it may be likely only require a chest x-ray and no further treatment. The symptoms of shortness of breathe may last several days to weeks. This is a rare complication and in skilled hands should not be a concern. If you feel any related symptoms, immediately contact your therapist. If a pneumothorax is suspected you should seek medial attention. *Please notify your provider fi you have any know disease or risk of infection that can be transmitted through bodily fluids.*

I acknowledge that I have been given the opportunity to review the practice's Health Insurance Portability and Accountability Act and may obtain a written copy upon request.

I hereby agree to pay One 2 One Physical Therapy, L.L.C. their charges for all services and products rendered on the day of service provided.

I am aware that if I do not provide 24 hours notice of cancellation prior to my appointment, I will incur a cancellation fee of \$30.00. ** All Packages purchased are non refundable.*

I have carefully read and fully understand this informed consent form and have had the opportunity to discuss any questions. I am also aware individuals respond uniquely to treatment, results may be seen in one treatment or take several treatments for improvement in symptoms.

Signature of Patient/Legal Representative

Date