

AzureWave Medical Services

Combined Therapy Consent & Contraindication Disclosure

Red Light Therapy • PEMF • EWOT

Purpose

This document confirms that the patient has been informed about the nature, potential benefits, limitations, and contraindications of Red Light Therapy, Pulsed Electromagnetic Field (PEMF) therapy, and Exercise With Oxygen Therapy (EWOT). These therapies are adjunctive wellness services and are not a substitute for medical diagnosis or treatment.

General Acknowledgments

- These therapies are elective and non-covered by insurance.
- Results are not guaranteed and vary by individual.
- These therapies do not replace standard medical care.
- Participation is voluntary and may be discontinued at any time.

Contraindications – Red Light Therapy

- Pregnancy
- Active malignancy at treatment site
- Photosensitive epilepsy or seizure disorder
- Use of photosensitizing medications
- Active skin infection or open wound at treatment site

Contraindications – PEMF / EWOT

- Implanted electronic medical devices (pacemaker, ICD, neurostimulator)
- Pregnancy
- Active malignancy
- Seizure disorder
- Severe or uncontrolled hypertension
- Recent surgery, acute injury, or unstable medical condition

Patient Acknowledgment

I acknowledge that the contraindications listed above have been reviewed with me. I certify that I do not have any conditions that would make participation unsafe at this time, or that I have discussed any applicable conditions with my physician. I understand the potential risks and benefits and consent to participate in these therapies under physician supervision.

Signature

Patient Name: _____

Signature: _____

Date: _____