

DEEP TISSUE LASER THERAPY

Your Therapist feels you will benefit from treatment with a therapy Laser.
This standalone service is not covered by insurance.

You will be responsible for a \$55 for 1-15 min or -\$70 for 16-30 min fee per session.

What is Deep Tissue Laser Therapy?

Deep Tissue Laser Therapy (DTLT) is a scientifically proven way to reduce pain and inflammation. Treatments are fast, safe, painless and most patients experience results after only a few sessions. Laser therapy generates a photochemical response in damaged tissue by a process called photobiomodulation. This process stimulates healing on a cellular level by enabling cells to more rapidly produce energy (ATP).

Benefits of Laser Therapy.

DTLT allows for deeper tissue penetration, resulting in fast, efficient and consistent results. Treatments are administered in as little as 4-10 minutes. Start healing muscle spasms, pain in joints, neck, back and more. DTLT allows you to recover faster without surgery or drugs. This lets you get back to the activities of life you love.

Full Patient Name _____ Home Ph (____)____ - _____

Patient Address _____ Cell Ph (____)____ - _____

Patient's chief complaint (why patient is seeking physical therapy care)

Please Check One Below:

- a) I am not under the care of a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant for the symptoms listed on this form and wish to seek physical therapy care at this time.
- b) I am under the care of a doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner, or licensed physician assistant for the symptoms listed on this form and wish to seek physical therapy care at this time. The Practitioner identified on this form will be provided a copy of the initial evaluation and a copy of patient history obtained by the physical therapist within 14 days. (Fill out section 3 below)

3. Practitioner of Record.

*If after receiving physical therapy care for 30 calendar days for the condition for which I sought treatment does not improve, I understand **I can** seek further treatment and evaluation from the practitioner listed below or another provider. ***** I consent to the release of my personal health and treatment records to the listed practitioner. ******

Practitioner's Full Name

Practitioner's Contact Phone Number

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I understand I can be seen for a new course of direct access therapy for this issue 60 days from the date of this initial evaluation if needed. I can be seen direct access for another issue without a wait.

***I am willing to pay \$55 for 1-15 min or -\$70 for 16-30 min fee per treatment.**

Patient Signature _____ Date _____

BPTW Representative Signature _____