

Soft Wave Regenerative Therapy

Soft Wave is also known as EXWT Extracorporeal Shockwave Therapy or Tissue Regenerative Therapy. Please answer all questions below.

1) Name:

2) Address:

3) Cell Phone Number:

4) Cell Phone Provider At&t, Verizon, etc.

5) What is your primary complaint?

6) Do you have a bleeding disorder?

Yes

No

7) Are you on NSAIDS or blood thinners?

Yes

No

8) Have you been injected with cortisone in the last 30 days?

Yes

No

9) Date of last injection?

10) Do you have cancer or tumors?

Yes

No

11) Are you using a cardiac pacemaker?

Yes

No

12) Do you have any skin infections?

Yes

No

13) Are you pregnant?

Yes

No

14) Are you under 16 years of age?

Yes

No

RISK OF THIS PROCEDURE:

- **Pain & Soreness: This is temporary and resolves after a few days.**
- **The FDA has labeled this a "Non-Significant Risk Factor" (NSR).**

CONSENT FOR PROCEDURE

I, the undersigned, do hereby consent to authorize the application of Extracorporeal ShockWave Therapy (ESWT) for my condition. I have been fully informed of focal ESWT, which has been explained to me by a physician or staff and I fully understand the nature of this treatment. I also confirmed that I have been given the opportunity to discuss and clarify any concerns and may offer an improvement of function.

15) Name of Patient Signing Below:

16) Signature of Patient:
