Shockwave (EPAT®) Therapy Treatment
Patient Consent Form

Patient Information:

Full Name: _____

Date of Birth: _____

During a Shockwave therapy session, a handheld applicator will be placed on the area being treated. This applicator will deliver short, intense sound waves to the targeted tissue. The patient may experience some discomfort or a tapping sensation during the treatment. The duration and intensity of the treatment will be determined by your physical therapist based on your specific condition and tolerance.

I agree to complete the recommended series of treatments in order to maximize my clinical outcome.

I consent to Lands End Physical Therapy Inc. ("LEPT") performing the procedure and tracking my treatment/outcome data.

Shockwave therapy is not allowed for patients who are pregnant, have cancer, or are taking blood thinners. I am not currently pregnant, being treated for cancer, or taking blood thinners, and agree to inform LEPT immediately, and in any event prior to any treatment by LEPT, if there are any subsequent changes to my health status, including but not limited to pregnancy, changes in medication, and new medical diagnoses.

In consideration for receiving the Shockwave treatment at LEPT, to the greatest extent permitted by applicable law I hereby release, waive, discharge, and hold harmless LEPT, its owners, employees, agents, shareholders, and directors from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by myself while receiving the Shockwave treatment at LEPT.

I have read, understand, and fully agree to all of the terms of this Consent.

Patient's Signature: _____ **Date:** _____