

Prepared For:

Today's Date:

### Full Home Treatment Plan 12 Weeks

#### Includes

- 3 follow-up exams (one at 4 weeks, one at 8 weeks and one at 12 weeks)
- 1 month of nutritional supplements
- 1 Unilateral Infrared Medical Device

TOTAL

#### Agreement for Patient Acceptance

- ☐ All your questions are important. Please continue to ask them.
- ☐ **We cannot help you if you don't do the therapy. Consistency is a key factor in realizing a positive outcome. Please follow the care plan instructions at home to get the best results.**
- ☐ If during your 4-week reassessment exam, we mutually agree there are no changes, we will discontinue therapy and refund the cost of the device. When treatment is discontinued, the Infrared device must be returned in the exact condition they were received, or you will be charged for them. If you complete the 12-week program, the medical devices will be yours to keep.
- ☐ I understand there are no refunds for the supplements.

Care Plan Start Date \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Prepared By \_\_\_\_\_

Date \_\_\_\_\_

**Follow-up exam and assessment is scheduled on** \_\_\_\_\_