Clinical Experience Using NIR Light Therapy in Subjects with Type II Diabetes Complaining of Neuropathy.

Sponsor

As a patient, you are being invited to take part in a case report to evaluate the effect of near infrared light therapy treatments on pain and other symptoms of diabetic peripheral neuropathy. You are being invited because you have Type II Diabetes and have exhibited neuropathy symptoms. These symptoms are pain in your feet with or without loss or decreased feeling in the feet and/or lower legs.

If you have any questions about or do not understand something in this form, you should ask your doctor. You may or may not discuss your participation with anyone you choose in order to better understand this case report and your options.

Participating in this study is strictly voluntary. The purpose of a case report is only to gather and consolidate information.

Data Gathering

Only your medical records from _____ will be reviewed. Certain data elements will be collected and entered on a spreadsheet. The information to be collected will only include the following:

- Your age
- If you have Diabetes or not
- Your A1c (if applicable and available)
- Your initial pain score
- Number of treatments you completed
- Your final pain score
- Your initial diagnostic test results (depending on what your doctor performed)
- Your gender

Your name or anything identifying you will **not** be collected or used. Your name and personal information will not be any part of the data gathering or reporting. Only the information listed above will be collected.

Confidentiality

You will not be personally identified on any case report materials, as your name will not be included. We may publish the results of the case report; however, we will keep your name and information private.

Consent

I have read this form, and I have been able to ask questions about this case report. All of my questions have been answered.

By signing this form, I do not give up any of my legal rights. I will get a signed copy of this consent form. I understand my name or any other personal identifying elements will not be collected, only the results.

Signature_____ Print_____

Relationship to Patient_____ Date_____