

INFORMED CONSENT

In giving my permission for this treatment, I declare I have had ample time to read and completely understand the following information:

- ✓ The goal of VST MyoDynamic therapy is to reduce or eliminate pain, swelling, increase muscle strength, increase circulation, and/or decrease post-operative healing time.
- ✓ I understand as with all forms of treatment, the results in my case cannot be guaranteed. There is no guarantee that I will be completely eliminated from my condition. It is possible the treatment could eliminate or have no effect on my condition. I understand further treatment may be necessary as well.
- ✓ **Females Only** - I am not pregnant or nursing. If it is possible I am pregnant, I have informed my physician and we have discussed how that may affect my treatment. If I become pregnant during my therapy, I will notify my physician immediately.
- ✓ This therapy is not recommended and can not be performed on patients with certain conditions. I will inform the licensed therapist at Scientific Therapy P.C. immediately if I currently have or develop any of these conditions during therapy. Therapy contraindications are as follows:
 - Pregnancy
 - Malignant lesion (Active Cancer), anywhere
 - Active thrombophlebitis near electrode site
 - History of severe burns near electrode site
 - Implanted neuro-stimulator in the back
 - Infection in the area of treatment
 - History of blood clot < 1 year near electrode site
 - Epilepsy
 - Seizure attack < 1 year ago
 - Implanted Defibrillator
- ✓ In extremely rare circumstances the following is a list of contraindications:
 - Implanted pacemakers***
 - Denervated muscle
 - Severe osteoporosis
 - Limited range of motion in joints where treatment is to occur
 - Abnormal bone formation in treatment areas
 - Severe muscle spasticity
 - Autonomic dysreflexia
 - History of joint disarticulation of treatment limb
 - Heart disease
 - High fever
 - High heart rate

***I understand patients with implanted pacemakers are at slightly higher risks for complications. These specific high-risk patients have not shown increased complication rates during the usage of electro-stimulation devices similar to and including the VST MyoDynamic machine. This is likely due to the closed circuit nature of the electrical impulses.
- ✓ The possibility of an adverse reaction or the occurrence of the following does exist:
 - Equipment Malfunction
 - Eczema or other dermatological conditions
 - Increased edema
 - Increased pain
 - Allergic reactions to the electrodes
 - Complete failure of therapy
 - Scars/Keloids
 - History of Shingles (less than 5 years)

Please initial next to each statement indicating your acknowledgement and comprehension.

_____ I have read and understand the contraindications.

_____ I understand I must inform the Scientific Therapy staff immediately if I have or develop any of the contraindications during my therapy sessions.

_____ I understand it is impossible to state every possible complication that may occur during or as a result of electro-stimulation.

_____ I understand the physician may prescribe certain medications as part of the treatment if needed, and I have informed my physician of any known food or drug allergies that pertain to me.

_____ I understand the above list of complications is not exhaustive or complete.

STATEMENT OF VOLUNTARY PARTICIPATION

In signing this consent form for performing the VST MyoDynamic Therapy, I am stating I have had ample time to read the foregoing information (or it has been read to me) and I fully understand it including the possible risks, complications, and benefits that can result from the therapy. Although it is impossible for the doctor to inform me of every conceivable complication that may occur, the physician has answered all my questions to my satisfaction. I understand that if I have any questions with respect to the therapy I can discuss them with the licensed therapist on staff at Scientific Therapy P.C. prior to preceding with the proposed therapy.

By signing below, I agree to the following:

- ✓ I fully understand the possible benefits, risks, and complications that can result from the therapy.
- ✓ I have had the opportunity to have my questions and concerns answered.
- ✓ VST MyoDynamic Therapy has been explained to me in terms that I understand.
- ✓ I understand there is no obligation to begin or continue with the therapy program.

My decision to undergo the VST MyoDynamic treatment has been my own and been made without distress of any kind. I hereby consent and request to VST MyoDynamic therapy provided by Scientific Therapy P.C.

Patient's Printed Name

Patient's Signature

DATE

I confirm that I have reviewed this consent form with the above mentioned patient and have provided further explanations of the foregoing potential risks, benefits, and complications to him/her when requested to do so. I confirm this patient has acknowledged to me he/she understands the information herein and has voluntarily signed this consent form in my presence.

Printed Name of Licensed Therapist at Scientific Therapy P.C.

Signature of Therapist

Date

FINANCIAL ASSIGNMENT OF INSURANCE BENEFITS

In consideration of medical services rendered or to be rendered, I hereby irrevocably assign to Scientific Therapy P.C. all rights, title, and interest in the benefits payable to said services rendered. Said irrevocable assignment and transfer shall be the recovery on said insurance policy, but shall not be construed to be an obligation of this practice to pursue any such rights of recovery. This assignment shall not take away the patient/guarantor's standing to make claim or sue for benefits individually should coverage be denied by insurance carrier (s). I hereby authorize the insurance company(ies) to pay Scientific Therapy P.C. all benefits due under said policy(ies) for services rendered. I understand that I (patient/guarantor) am responsible for any services not covered by my insurance company(ies).

Patient's Printed Name

Patient's Signature

DATE