

Laser Therapy – Memorandum of Understanding

It must be understood by all patients that Low Intensity Laser Therapy (2 million treatments administered to-date), has not been accompanied by any significant negative side effects. Moreover, it should be noted that this is unusual in an era where many therapies are accompanied by adverse reactions.

Although LILT has been used in the treatment of systemic problems on an experimental basis, we do not guarantee results or that a primary cancer lesion may not be activated. In our opinion, such an occurrence would appear to be coincidental and not related to Low Intensity Laser Therapy. Included in the disease entities currently being treated with Low Intensity Laser Therapy are a number of pulmonary impairments, problems relating to Alzheimer’s disease, dementias and the treatment of palliative pain in cases of malignancies which may be accompanied by metastatic lesions.

Patients must be fully informed and cognizant of this aspect of the equation. Nevertheless, it can be stated with a relative degree of certainty that Low Intensity Laser Therapy does not adversely affect the status of malignant lesions which may co-exist. Patients who desire to have Low Intensity Laser Therapy for the treatment of their symptoms, while harboring a malignancy or metastases, should be aware of this fact.

In conclusion, while our experience and that of others indicates that laser therapy alleviates pain associated with metastatic lesions and significant regression of tumors has been noted in many instances, we cannot guarantee any specific outcome. In brief, the patient must make their own informed decision with regard to treatment in these instances. We are prepared to advise and guide them to the best of our ability, however in the final assessment, the choice must be the patients. If there are any misunderstandings with regard to this advisory, please consult a member of the medical staff or obtain additional independent opinions.

Sincerely,

Robbin D’elene
Certified Laser Therapist

I have read and understand the information provided to me and agree to proceed with treatment as recommended by my provider.

Signature

Date

Printed Name



QBHA BioFlex Laser Treatment

127 N. Washington Street
Spring Green, Wisconsin 53588
608-588-6011

