

CONSULTATION FORM

PAIN ASSESSMENT

Patient Name: _____

Date: _____

POSITIVE EFFECTS OF LASER THERAPY

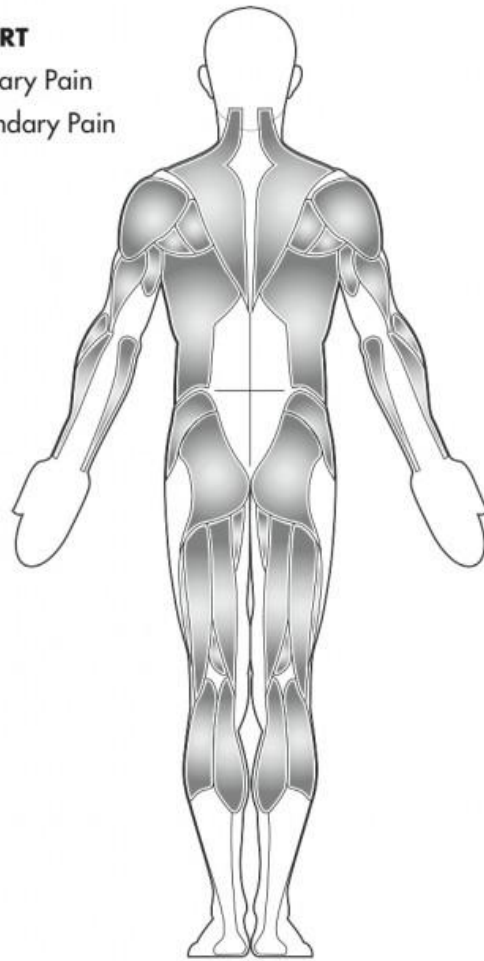
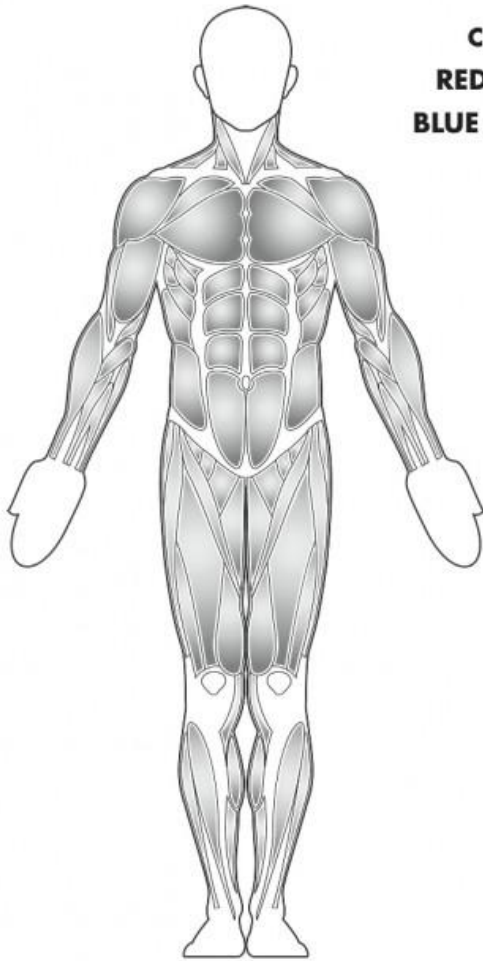
- Improves and Promotes Healing
- Reduces Pain and Spasm
- Increases Joint Flexibility
- Improves Peripheral Microcirculation
- Detoxifies and Eliminates Trigger Points
- Advanced Pain Relief

BENEFITS TO PATIENT

- Faster Patient Satisfaction
- Deep Penetration Delivers More Laser Energy to the Target Tissues
- Faster Treatment Times
- Effective Treatment in 3-8 Minutes
- Faster Patient Recovery Time

COLOR CHART

RED pen = Primary Pain
BLUE pen = Secondary Pain



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Notes: _____

Healing Your Pain... Changing Your Life.

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