



Informed Consent for Focus Shockwave Wave Therapy

Focus Shockwave therapy (F-SW), also known as extracorporeal shockwave therapy (ESWT), is a procedure regarded as one of the most cost effective and safest of conservative management approaches to musculoskeletal disorders such as plantar fasciitis. Our device is FDA approved for treatment of such conditions, although we are not limited by the FDA.

There are minimal known side effects of F-SW. It is recommended, however, that this form of treatment not be used over and around the uterus during pregnancy; where there is active ongoing hemorrhaging/bleeding tendencies; when there is any indication or diagnosis of blood clots; over and around the thyroid gland; cancer (tumors or cancerous areas); over the cardiac region and large nerves, directly over spinal column or head; where analgesia/pain relief may mask progressive pathology; over an area of an electromagnetic implanted device; in a patient taking medication that may thin the blood (eg Warafin); over open wounds, skin irritation or swollen areas; over the growth plates in children.

I hereby consent to the performance of Focus Shockwave Therapy on me by **Dr. Okazaki**. I have read or have had read to me the above consent. I have also had an opportunity to ask questions about its content and by signing below, I agree to the procedures. I understand that there are no guarantees with any type of treatment as it is dependent upon each individual's ability to heal.

I intend this consent form to cover the entire course of care for my present condition(s) and for any future conditions(s) for which I seek care. I am financially responsible for all services.

Signature (client/parent/guardian)

Date

**Please ask questions if you do not understand this document or the treatment that is about to be performed.*
