

MLS Laser Therapy

Medical Evaluation Form

ARTHRITIS & SPORTS

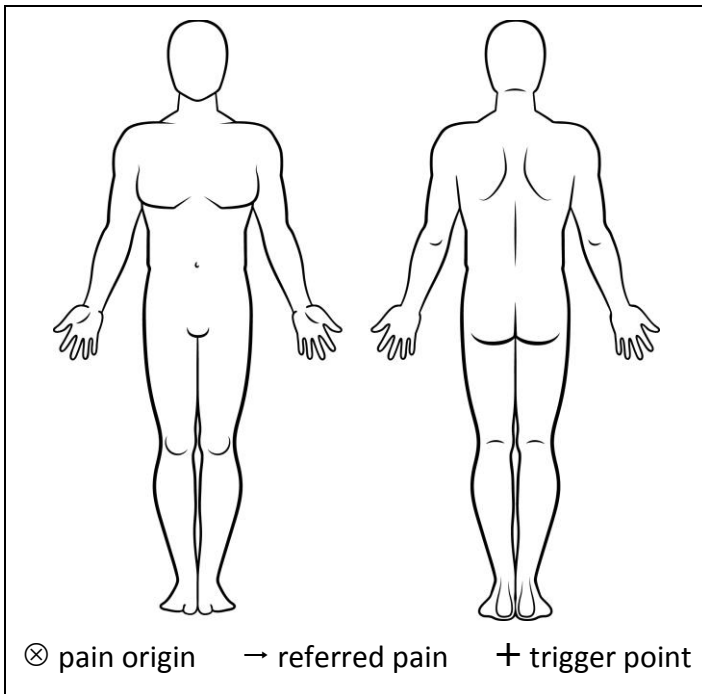
Orthopaedics • Physical Therapy • Wellness

Patient Name: _____ Date: _____

Diagnosis: _____ DOB: _____

Robotic Laser Protocol:

Please fill in the boxes below so we can provide the best treatment for your patient



Total Treatments Needed

- Acute condition or pain (< 30 days)
6 visits recommended
- Chronic condition or pain (\geq 30 days)
12 visits recommended

Treatment Frequency Needed*

- 700 Hz: used for inflammation, neuropathy, post-operative, scars and patients without pain
- 1500 Hz: used for pain levels 1-4 at rest
- 2000 Hz: used for pain levels 5-10 rest

* Treatment time will vary per patients. Laser settings will be adjusted for time based on frequency (Hz) and total treatment area, so that the patient will receive 4-6 J/in².

Contraindications for MLS Laser Therapy

- History of cancer in treated area
- Bleeding/clotting disorder
- Leukemia
- HIV positive history
- Open growth plates
- Seizure disorder

Precautions for MLS Laser Therapy

- Pregnancy
- Anticoagulant medication
- Seizure disorders that are triggered by light
- Pacemaker or spinal cord stimulator
- Steroid injection within past 2-3 weeks in treated area

Provider Name: _____

Provider Signature: _____