



Dr. M Naran MD, CAFCI

Family Physician, Trigger Point Therapy, Laser Acupuncture

INFORMED CONSENT

I, _____ give my permission for **Rejuv Medical Fitness/Dr. Naran** to give me treatment as needed. I understand that all treatments are accompanied by possible risks. I understand that in treatment there is a possibility of bruising, mild soreness, nerve injuries, inflammation, infection, allergic reaction, numbness, weakness, and lung puncture in relation to treatment.

I understand that treatment may vary, depending on the problem, or need. Treatment may include trigger point injections and/or laser acupuncture therapy.

I understand that Trigger Point Therapy is covered with MSP. Some extended plans may cover Laser Acupuncture Therapy.

I give my permission for Rejuv Medical Fitness to send me emails regarding medical and online information.

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE CONSENT. NO GUARANTEE OR SUCCESSFUL TREATMENT HAS BEEN IMPLIED. I UNDERSTAND THAT I AM ENTITLED TO A COPY OF THIS CONSENT FORM UPON REQUEST.

Patient Signature

Witness

Date

Parent/Legal Guardian Signature