



**NormaTec Consent & Information Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**D.O.B** \_\_\_\_\_ **Sex: M or F**

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

*\*We will safeguard your information according to prudent security standards. We maintain physical, electronic, and procedural safeguards designed to comply with federal guidelines to guard your information against unauthorized access or use.*

**Waiver of Liability, Release and Hold Harmless Agreement:**

In consideration for using the NormaTec Recovery System I hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS ProForm Physical Therapy, LLC, its owner and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by any person, while using the equipment or due to the use of the equipment at ProForm Physical Therapy.

**Risks:** Acute pulmonary edema, acute thrombophlebitis, acute congestive cardiac failure, acute infections, Deep Vein Thrombosis, episodes of pulmonary embolism, wounds, lesions or tumor at or in the vicinity of application, where increased venous and lymphatic return is undesirable, bone fractures or dislocations at or in the vicinity of application.

**Patient's Consent:** My signature below constitutes my acknowledgment that (A) I have read, understand, and fully agree to the foregoing CONSENT, (B) the proposed usage of the NormaTec equipment has been satisfactorily explained to me and I have all of the information I desire and (C), I hereby give my authorization and consent. This CONSENT shall stand as long as I use the NormaTec equipment at ProForm Physical Therapy now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk and hereby release ProForm Physical Therapy from any damage or harm that I might incur due to use of the NormaTec equipment. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing Waiver of Liability, release and Hold Harmless Agreement, I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same. Furthermore, I agree that I will comply with all instructions on the use of the Equipment and that I am using these services at my own risk.

***DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.***

**You have the right to withdraw consent for this procedure at any time before it is performed.**

\_\_\_\_\_  
**Patient or Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to patient (if other than patient)**

\_\_\_\_\_  
**Patient Name Printed**

**Physical Therapist Affirmation:** I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance.

\_\_\_\_\_  
**Physical Therapist**

\_\_\_\_\_  
**Date**