



CONSENT TO TREAT

The undersigned is voluntarily agreeing to use, or have used upon him/her, the Calmare® Pain Therapy Medical Device, a treatment that, through the use of disposable surface electrodes imparts electrical impulses to the body for the purpose of stimulating artificial neurons that affect how the body detects, interprets or feels pain or painful sensation.

Because of the manner in which the Calmare™ Pain Therapy Device operates, you should not have the treatments if you suffer from or have any of the following. **Please Check:**

- | | |
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| <input type="checkbox"/> Pacemaker or implantable defibrillator | <input type="checkbox"/> Are, or could you be, pregnant |
| <input type="checkbox"/> Wounds or skin irritation in areas
where the electrodes will be placed | <input type="checkbox"/> Vena cava or aneurysm clips |

Risks of using this device include: No change in pain status, increase/exacerbation of pain, irritation/infection around electrode site and injury due to lack of pain. The use of any medical device could lead to severe or permanent injury or even death.

The voluntary use of this medical device is done at your own risk and with full knowledge of the above, as well as the risks incumbent with any medical device. You agree to release Spero Pain Relief Therapy of Illinois from any and all damages, pain, conditions, diseases and any other harm that you may suffer or come to suffer, as a result of your use of this medical device. I agree that Spero Pain Relief may disclose information on me, including my medical records to any 3rd party payers, including, but not limited to health insurers, health care service plans, welfare agencies, worker's compensation carriers or my employer.

I authorize direct payment to Spero Pain Relief Therapy of Illinois of any insurance benefit. I understand that I am responsible for any charges not paid by my insurer and I agree to pay any unpaid balances on my account no more than 90 days from the date of service.

It is understood and agreed that if I fail to pay my account within the parameters stated above and it becomes necessary to place my account with a collection agency, I will be liable for all the costs incurred for such services. By executing this document below, in addition to agreeing to all of the above, you represent and warrant that you are of legal age to enter into a legally binding agreement.

Printed Name _____ Date _____

Signature _____ Social Security Number _____