INFORMED CONSENT FOR COLD THERAPY MACHINE

Patient Name	Date
This will serve as an informed consent for the use	and application of a cold therapy device.
 During the course of therapy, patients sho region or the digits of the extremities of th increased swelling, or pain. If any of these (such as blisters, increased redness, discolorations) 	signs present, or any changes in skin occur oration, or other noticeable sing changes), d consult a physician. t place directly against open wounds, sores,
ischemia or arteriosclerosis. Acute paroxysmal cold hemoglobinuria or Compression Therapy (vasopneumatic compression used only under supervision of a licensed health of Copen wound in the affected region (the wo	cryoglobulinemia area. ion) with the Cold Therapy System should be care practitioner in patients who have an;
 Therapy). Acute, unstable (untreated) fracture in the Children under 18 years old or patients who communication barriers, whether tempora Cardiac insufficiency or congestive heart freextremities or lungs) Logalized skin condition (e.g., dermatitis, veraffected region) Who have erysipelas or other active infection 	o have cognitive disabilities or ary (due to medication) or permanent. ailure (with associated edema in the ein ligation, gangrene, skin graft) in the
Patient Signature	Date
Witness/ Physician Signature	Date