

**Extracorporeal Pulse Activation Technology (EPAT®)**  
**Patient Declaration of Consent**

**Patient Information:**

First & Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

During a meeting held on \_\_\_\_\_ (date) to discuss the upcoming EPAT procedure, the clinic's treatment provider, Dr. Brockbank informed me that the \_\_\_\_\_ (area) will be treated using EPAT acoustic pressure waves.

- I agree to complete the recommended series of treatments in order to maximize my clinical outcome.
- I agree to the price of each session, \$200 per treatment of one foot **OR** \$250 per treatment of both feet.
- I consent to the procedure and to the tracking of my treatment/outcome data.
- I declare that I have read and understood the patient information and the entire contents of the declaration of consent.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_