



Enlightened Dentistry

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TheBrandWellnessCenter.com

Patient Consent Form for Micro Point Stimulation

In order for us to provide treatment for your condition(s) it is necessary for you to give your informed consent.

Such treatments may include electrical stimulation which has the following contraindications:

- Pacemaker
- Pregnancy
- Epilepsy/Seizures (no treatment above the neck)
- Cancer

Electrical stimulation or “e-stim,” involves the use of electric devices such as TENS (Transcutaneous Electrical Nerve Stimulation), or MENS (Microcurrent Electrical Nerve Stimulation).

I have read and understand all of the above information and by signing below I consent to treatment. I understand that I may not receive treatment until I understand this consent form and have signed it.

Name (Print) _____ Signature _____

Date _____