

## **Informed Consent, Release of Liability & Phoenix Purchase Agreement**

1) I, for myself, and on behalf of my spouse, heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold harmless Dr. Jeff Banas, Banas Sports Therapy, Globus and all of their officers, agents, contractors, employees, instructors ("Releases") with respect to any and all injury, disability, death, or loss of damage to person or property, whether due to or arising from the negligence or carelessness of the Releases or otherwise, the fullest extent permitted by law.

2) For best performance and safety, please read the Globus Manual and instructions and use the product as directed. Neither producer nor distributor are responsible for damages/injuries resulting from use different than indicated.

**I understand that the Globus 1100 Phoenix Professional Edition or Globus 3000 Elite Edition is authorized for personal use for (PRINT NAME HERE)\_\_\_\_\_ under no conditions can this prescribed Globus 1100 Phoenix Professional EMS be used to treat anyone but the person it was prescribed for unless you are licensed in you state to use such a device.**

5. I hereby consent to voluntarily engage in a plan of personal fitness training recommended to me for improvement of my general health and well being. The levels of exercise I perform will be based upon my current levels of cardiorespiratory and muscular fitness. I understand that I may be required to undergo a fitness assessment to evaluate my present level of fitness and/or obtain a physician's consent to exercise.

6. I have submitted all necessary medical information on my medical history page including any prescription medications I am currently taking.

7. I agree that I will voluntarily participate in the physical activities / use of the Globus EMS taught by my instructor unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At any point, I understand that it is my complete right to decrease or stop exercise, and it is my obligation to inform the instructor of my symptoms.

8. I understand that in the performance of my training program, the physical touching and/or positioning of my body may be necessary to ensure proper muscle and joint function and alignment. I expressly consent to physical content for these reasons.

9. I understand and have been informed that there exists the possibility of adverse changes and/or risk of bodily injury occurring during exercise and use of the Globus EMS including, but not limited to: abnormal blood pressure, fainting, dizziness, disorders of heart rhythm; in rare instances heart attack, stroke, paralysis, or death; and injuries to muscles, ligaments, tendons, and joints. I fully understand and accept the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, paralysis, or even death, and knowing these risks it is my desire to participate as herein indicated and to assume full responsibility for my participation and actions.

10. I agree that this Informed Consent and Release of Liability Agreement is to be construed and governed under the laws of the State of Company Incorporation, USA. In signing this Agreement, I acknowledge that I have read this entire Agreement, that I understand its terms, that I have had the time and opportunity to read and ask questions regarding the Agreement. Also, I have signed the Agreement knowingly and voluntarily, and that by signing it, I understand that I am giving up substantial legal rights I might have otherwise.

**11. Returns. You may return your Professional or Elite with in 30 days. Returned with in 30 days you will be charged \$400 for the Professional and \$450 for the Elite, the refunded the remanding balance. There are no returns of refunds after 30 days of purchase.**

**12. Before using the Globus 1100, Globus 3000 Elite, Globus Premium Sport, or Phoenix Editions, I will read the entire User Manual, Warnings, Contraindications and cautions.**

\_\_\_\_\_  
**Initial Here**

**13. Contraindication to electric muscle stimulation**

- It should not be used to treat symptomatic local pain unless the cause of the pain has been clearly diagnosed.
- Electrotherapy should not be used in areas of the body where cancerous lesions exist.
- The treatment should not be applied in areas of the skin that are swollen, infected, or inflamed (e.g. varicose veins)
- Patients suspected of having serious infectious diseases or diseases that require heat or fevers to be suppressed should not be treated with electrotherapy.
- Electrotherapy current should not be applied to the anterior neck (carotid sinus) or through the head.
- Women who are pregnant should avoid electrotherapy treatment, as safe use has not been established for pregnancy.
- Patients with cardiac demand pacemakers should not be treated using powered muscle stimulators. Waveforms should not be used on patients who have cardiac demand pacemakers.

**Purchase price: Phoenix Professional \$3500.00 Phoenix Elite \$4100.00**

**Model and serial number** \_\_\_\_\_

Name (Print) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE SIGN YOUR NAME HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature**

**Please attach your medical prescription or copy of license and email or fax it to:**

**[drjbanas@gmail.com](mailto:drjbanas@gmail.com)**

**Fax: 480-393-0928**

**Letter of Medical Necessity For EMS**

**Contraindications to electric muscle stimulation**

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**Patient Name** \_\_\_\_\_ **Date Of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescribed Electrotherapy usage:**  Muscle spasm  Pain  Mobility  Strength Training  Facilitate healing  
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I certify that the above prescribed electro-medical device is medically necessary as part of my treatment for this patient's condition.

**I have read the warning, contraindications, explaining this device and provided the patient with a copy of the user manual.**

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician's Name \_\_\_\_\_ NPI# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Fax to 480-393-0928 or email to drjbanas@gmail.com**