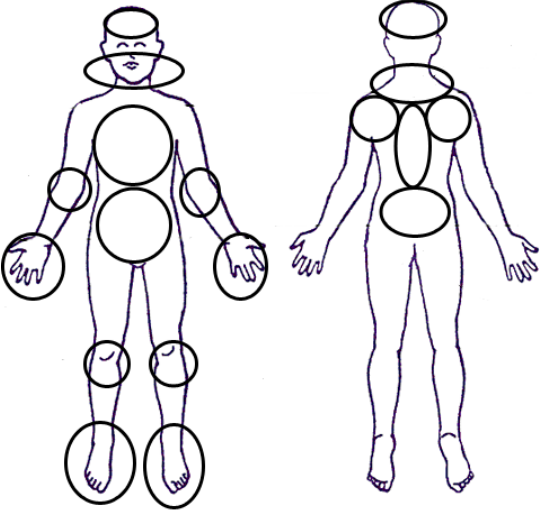
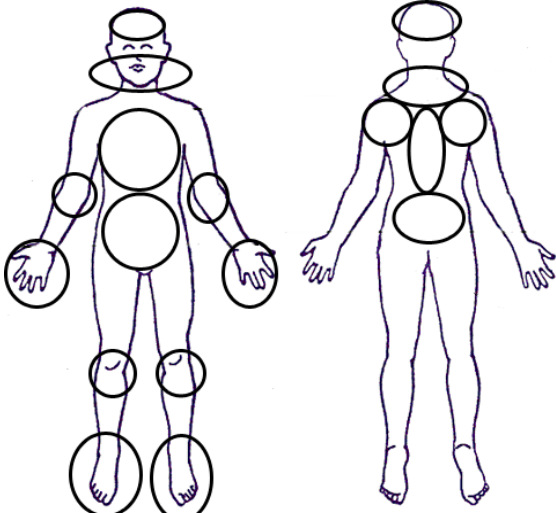


Discomfort Survey

Please think about the areas marked then and indicate two areas that hurt most in the **Before** panel.

Record discomfort for each area with a 0-10 scale. *Zero, 0*, is no discomfort and a *ten, 10*, is unbearable.

Please record the **After** discomfort level for the pulsed areas.

Before	After
	
Before Total:	After Total:

Informed Consent

I hereby state that I am at least 18 years of age and have read, understand and agree to this Release Statement, that it is an informed release and that I intend to be legally bound by it.

I am not pregnant and I have no pacemaker, implanted stimulator or other implanted medical device.

I have or will remove any metal chains, and metal bracelets, electronic car keys, credit card, cell phone or watch when I use the magnetic pulse generator. I agree to be fully responsible for any damages if I forget this.

I know that I am using a magnetic pulse generator and that no magnetic pulse generator is FDA approved to treat or cure any disease or condition. I understand that this is an experimental device.

No one has made any representations or claims to me of any treatment or cure of any disease or condition; or, any promise of any specific or general results of any kind.

I release from all general, medical and any other liability or claims of any kind; and, I indemnify and hold harmless the magnetic pulse generator, the manufacturer, distributor, dealer and any of their employees or agents from any claim arising from or related to my use of the magnetic pulse generator.

Print Name:	Date: ____/____/____
Signature:	Phone:
	Address:
Email:	City/State: