

# Photon LED Therapy

## stress reduction and rejuvenation

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email\_\_\_\_\_

I heard about Photon LED Therapy from:

- A friend: name:\_\_\_\_\_
- Brochure    Internet    Other\_\_\_\_\_

I am interested in experiencing Photon LED Therapy for the following benefits:

- |  |  |
|--|--|
| <input type="radio"/> Anti-Aging               | <input type="radio"/> Increased Energy |
| <input type="radio"/> Relaxation               | <input type="radio"/> Mood Enhancement |
| <input type="radio"/> Improved Sleep           | <input type="radio"/> Stress Reduction |
| <input type="radio"/> Increased Mental Clarity | <input type="radio"/> Pain Relief      |
| <input type="radio"/> All The Above            |  |

The Photon LED Therapy system emits light in specific biological wavelengths and frequencies that promote growth, repair and rejuvenation at the cellular and molecular levels. These elements of light energy stimulate and activate metabolic functions in the cells thus creating energy and enabling cells to function more effectively like younger cells. LED Technology has been researched for over 30 years. There are no documented negative side effects and the treatments are painless, non-toxic and complement many traditional therapies.

I understand that I am about to experience LED Phototherapy. It is my understanding that LED Phototherapy promotes overall wellness and rejuvenation and is not intended to replace the services of a physician nor should it be used to treat a medical or health condition. I agree to undergo LED Phototherapy by my own choice, recognizing that this technology does not constitute a medical practice or procedure.

I agree to refrain from undergoing LED Phototherapy if I am pregnant, or believe that I may be pregnant, or if I have ever experienced a seizure or have a history of seizures.

Signature\_\_\_\_\_ Date\_\_\_\_\_