

Doctor Signature:

Patient Consent to Ulf-TENS

As a patient in Advanced Functional Restorative Dentistry, I understand that I will be participating in the use of certain diagnostic techniques and procedures used in Physiological Dentistry. During the procedure the following will occur:

• bite registration with TENS and without TENSing.

| If you have any of the following conditions you are advised NOT to TENS: | |
|--|-------|
| Pregnant Pacemaker Temporal Arthritis Active Cancer | |
| By signing below, you understand the contraindications and have no medical restrictions. | |
| Patient Signature: | Date: |
| | |

Date: