CONSENT AND RELEASE

by executing this consent and release, the undersigned is voluntarily agreeing to undergo call CALMAR PAIN relief therapy provided by Dovie McVean MS, PA-C, the treatment that, through use of the disposable surface electrodes in parts electrical impulses to the body for the purpose of stimulating artificial neurons that affect how the body detects, interprets, feels pain or painful sensations.

The medical device used for CALMAR PAIN relief therapy has federal Food and Drug Administration (FDA)clearance for the use in the United States and has received CE approval for use in Europe.

Because of the manner in which the CALMAR PAIN relief therapy operates, you cannot have the treatment if you suffer from or have any of the following symptoms, conditions, implanted devices, or taking the following medications:

- You have a pacemaker, implantable defibrillator, spinal cord stimulator, aneurysm clips, vena cava clips, a school plate or other electrical devices.
- You are or may be pregnant.
- You suffer from epilepsy or take convulsion medications (Tegretol, Lamotrigine, Trileptal, or CBD oil)
- Currently taking gabapentin, Neurontin, Pregabalin, Lyrica, Topamax, Gralise, Ketamine, or Medical Marijuana. (Medications may be weaned off with your physician's assistants.)

You hereby represent and warrant that you do not suffer from or have any of the above identifying symptoms, conditions, or implanted devices and understand that if you are provided treatment using the medical device with any of the above symptoms, conditions, or devices, it could lead to severe or permanent injury or death.

Your voluntary use of this medical device is done at your own risk with full knowledge of the above, as well as the risk incumbent with any medical device. You hereby release Dovie McVean MS, PA-C, **CRPS and Neuropathic Pain Center of America,** and there respective affiliates, members, associates, agents, employees, and representatives, including and without limitations, any person assisting with your voluntary treatment using the medical device (the released parties) from any and all causes of action, damage, pain or suffering, conditions, disease and any other harm that you may

suffer as a result of your treatment using the medical device. In addition, you hereby waive any and all claims and agreed not to sue the released parties in connection with, arising from or related to your treatment using this medical device.

By executing this agreement below, in addition to agreeing to all the above, you represent and warrant that you are of legal age to enter into a legal binding agreement.

_____ _____

Signature/Guardian Signature **Date**