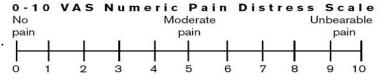


Point of Pain Log Sheet

Date:		
Patient Name:		١
Symptoms:		
Healthcare Provider I am seeking the use of an Avazzia biomedical device on my person administered by an Avazzia Inc. employee, consultant, trainer, agent or assigns for training or learning reasons only; that I enter into this Waiver of Liability voluntarily. That I further release and hold harmless Avazzia Inc., its employees, consultants, trainers, agents or assigns from any and all liability, whether real or imagined, current or future, which might reasonably arise from the use of any biomedical device by me or any of my agent(s), any other person(s) or entity.; that I further agree to actively pursue the protection of the above-named individuals and entities from any claim of liability resulting from the use of any biomedical devices by me or any of my agents or any other person(s) or entity. I also agree to assume any liability for said use which might result from the findings of any court of law, administrative body, arbitration, or regulatory body and to actively hold harmless said individuals and entities described herein.	f	Sun
Patient Consent/Signature	Date	

Patient -- Rate pain before treatment on graph. 1.



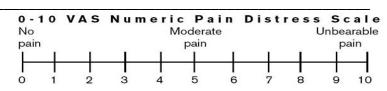
2. **Treatment given**

Treatment Location	Mode	Power Level	Initial Reading	OR at Zero			
Point of Pain					Numeric order of treatment for Point of Pain: 1 = Point of Pain		
1						4	
2					2	1	3
3						5	
4							ı
Point	of Pain (Use cl	nart, above, to trac	k readings		1		
Scar T	issue (optiona	I - if indicated) Loc	ation/mode/				
Contr	alateral side tr	eatment					

Little Wings

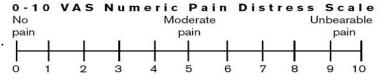
3. Treatment Notes

4. Patient -- Rate pain after treatment on graph.



Patient Name: Symptoms: I am seeking the use of an Avazzia biomedical device on my person administered by an Avazzia Inc. employee, consultant, trainer, agent or assigns for training or learning reasons only; that I enter into this Waiver of Liability voluntarily. That I further release and hold harmless Avazzia Inc., its employees, consultants, trainers, agents or assigns from any and all liability, whether real or imagined, current or future, which might reasonably arise from the use of any biomedical device by me or any of my agent(s), any other person(s) or entity, I hat I further agree to actively pursue the protection of the above-named individuals and entities from any claim of liability resulting from the use of any biomedical devices by me or any of my agents or any other person(s) or entity. I also agree to assume any liability for said use which might result from the findings of any court of law, administrative body, arbitration, or regulatory body and to actively hold harmless said individuals and entities described herein.			\bigcap
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Healthcare Provider I am seeking the use of an Avazzia biomedical device on my person administered by an Avazzia Inc. employee, consultant, trainer, agent or assigns for training or learning reasons only; that I enter into this Waiver of Liability voluntarily. That I further release and hold harmless Avazzia Inc., its employees, consultants, trainers, agents or assigns from any and all liability, whether real or imagined, current or future, which might reasonably arise from the use of any biomedical device by me or any of my agent(s), any other person(s) or entity.; that I further agree to actively pursue the protection of the above-named individuals and entities from any claim of liability resulting from the use of any biomedical devices by me or any of my agents or any other person(s) or entity. I also agree to assume any liability for said use which might result from the findings of any court of law, administrative body, arbitration, or regulatory body and to actively hold harmless said individuals and entities	Patient Name:		
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1. Patient -- Rate pain before treatment on graph.



2. Treatment given

Treatment Location	Mode	Power Level	Initial Reading	OR at Zero			
Point of Pain						order of trea Pain: 1 = Poi	
1						4	
2					2	1	3
3						5	
4							ı
Point	of Pain (Use cl	nart, above, to trac	ck readings				
Scar T	issue (optiona	I - if indicated) Loc	ation/mode/				
Contra	alateral side tr	eatment					

____Little Wings

3. Treatment Notes_

4. Patient -- Rate pain after treatment on graph.

