

## SCHECTER DENTAL SAUNA CONSENT FORM

Sauna use is by appointment only. Please call us at 416 665 1145, visit [www.schechterdental.com](http://www.schechterdental.com), or stop by the front desk to schedule an appointment. Consent to use the ozone and infrared sauna is conditional upon provision of accurate answers to the following questions and signing this agreement.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ If referred, name of referrer \_\_\_\_\_

Please Answer the Following Questions:

- |   |                |
|---|----------------|
| 1. Are you pregnant? How far along?   | Yes ( ) No ( ) |
| 2. Are you taking any medications?  | Yes ( ) No ( ) |
| 3. Have you been diagnosed with any medical condition, such as anhidrosis, that may limit or prevent your ability to sweat? | Yes ( ) No ( ) |
| 4. Do you have unstable angina?   | Yes ( ) No ( ) |
| 5. Have you had a recent heart attack?  | Yes ( ) No ( ) |
| 6. Do you have severe arterial disease?   | Yes ( ) No ( ) |
| 7. Have you been diagnosed with any other medical condition?<br>If "yes", which condition? _____                            | Yes ( ) No ( ) |

If you answered "yes" to any of the above questions, have you consulted with your medical provider about using a far infrared sauna? Yes ( ) No ( )

**It is always important to maintain proper hydration levels during far infrared therapy. Dehydration will actually increase carbohydrate utilization and cause less fat to be burned for energy. We highly recommend drinking a minimum of 4 oz. of water prior to entering the sauna and a minimum of 8 oz. of water after sauna use.**

### OZONE & INFRARED SAUNA AGREEMENT/ ACKNOWLEDGEMENT

1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness. Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
2. Please consult your physician if you are in doubt regarding your ability to use the far infrared sauna for health reasons.
3. No one under the age of 18 is permitted in the far infrared sauna unless accompanied by a supervising adult.
4. Discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
5. Sauna sessions should be limited to no more than 40 minutes and temperatures must stay below 150 degrees Fahrenheit.
6. Clients using any medications must consult a physician or pharmacist prior to use of the sauna.
7. Pregnant women should consult their physician prior to use of the sauna. Excessive

body temperatures have a potential for causing fetal damage during the early days of pregnancy.

I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of a far infrared sauna. I and any of my heirs, executors, representatives, or assigns hereby release all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of the far infrared sauna and from any advice provided by an employee, independent contractor or any representative. I agree that this Application and Waiver is in effect for all far infrared sauna sessions and will not expire unless specifically requested by either party.

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