

Date: _____

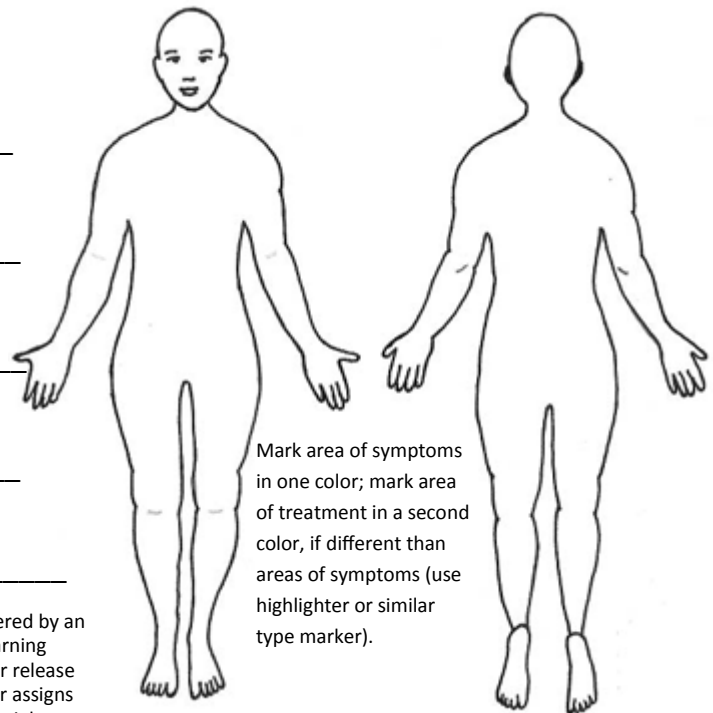
Patient Name: _____

Symptoms: _____

Healthcare Provider _____

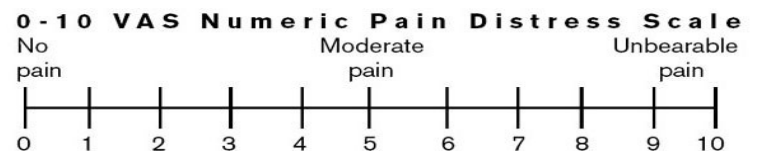
I am seeking the use of an Avazzia biomedical device on my person administered by an Avazzia Inc. employee, consultant, trainer, agent or assigns for training or learning reasons only; that I enter into this Waiver of Liability voluntarily. That I further release and hold harmless Avazzia Inc., its employees, 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.

Patient Consent/Signature _____ Date _____



Mark area of symptoms in one color; mark area of treatment in a second color, if different than areas of symptoms (use highlighter or similar type marker).

1. Patients: Rate pain before treatment on graph.



2. Treatment

____ 3-pathways 6-points (See reverse to record readings)

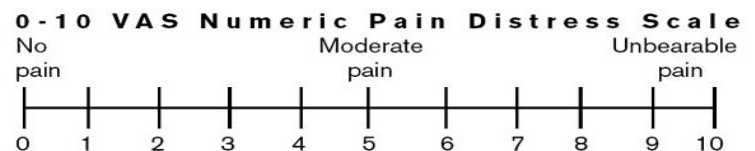
____ Scar (optional - if indicated) Location/mode/duration _____

____ Point of (Pain optional - if indicated) Location/mode/duration _____

____ Little Wings

3. Treatment Notes: _____

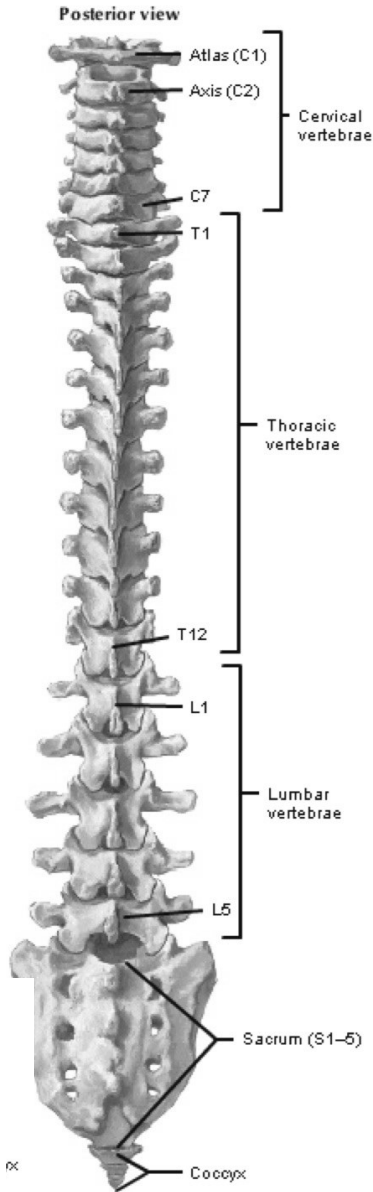
4. Patients: Rate pain after treatment on graph.



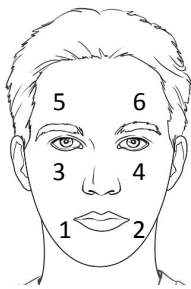
3-Pathways 6-Points Treatment

On the back: Begin at C7. Go down the spine to take readings, loop to the top and take readings at C5 and C6. In the corresponding

box, record the Initial Reading and, if necessary, the Ongoing Reading. Go to the locations of highest readings and record the D reading. Three columns are for the left paraspinal readings, spine and right paraspinal readings.



6-Points Treatment: In numerical order, measure and record Initial Reading and if necessary, Ongoing Reading and D/ Zero reading. Numbers correspond with trigeminal nerve locations on face.



5.	6.
/	/
3.	4.
/	/
1.	2.
/	/

	Left Paraspinal Readings	Spinal Readings	Right Paraspinal Readings
C5	/	/	/
C6	/	/	/
C7	/	BEGIN HERE /	/
T1	/	/	/
T2	/	/	/
T3	/	/	/
T4	/	/	/
T5	/	/	/
T6	/	/	/
T7	/	/	/
T8	/	/	/
T9	/	/	/
T10	/	/	/
T11	/	/	/
T12	/	/	/
L1	/	/	/
L2	/	/	/
L3	/	/	/
L4	/	/	/
L5	/	/	/