

# Extracorporeal Pulse Activation Technology (EPAT<sup>®</sup>) Procedure Form

## PATIENT INFORMATION:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name (Last, first, middle initial) Treatment Date

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Primary phone number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Other phone number

\_\_\_\_\_  
E-mail address

Male  Female

\_\_\_\_\_  
Social Security # or Patient ID

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

\_\_\_\_\_  
Sex

## Procedures:

Heel  Achilles  Knee  Hip  Elbow  Shoulder

Myofascial Trigger Point  Muscle \_\_\_\_\_  Other \_\_\_\_\_

## PROCEDURE NOTES:

Location for treatment confirmed by caregiver:  YES  NO

Maximum point of tenderness was located and marked for:  RIGHT  LEFT  BILATERAL

No anesthetic was administered:  YES  NO If YES, describe: \_\_\_\_\_

A total of \_\_\_\_\_ (D-ACTOR) pulses were administered at a maximum of \_\_\_\_\_ BAR & \_\_\_\_\_ Hz

Applicator Utilized: 15mm \_\_\_\_\_, 15mm DI \_\_\_\_\_, 20mm \_\_\_\_\_, Other \_\_\_\_\_

A total of \_\_\_\_\_ (V-ACTOR) pulses were administered at a maximum of \_\_\_\_\_ BAR & \_\_\_\_\_ Hz

Patient was released in good condition with post treatment instructions  YES  NO

Hour of admission: \_\_\_\_\_ Hour of discharge: \_\_\_\_\_

## Treatment Information:

Patient's treatment session:  1  2  3  4  5  6  7

Patient's re-treatment side: \_\_\_\_\_

Is this treatment for patient's contra-lateral side:  YES  NO

Post Procedure Instructions were provided and reviewed with Patient

## Comments:

Physician/Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_