

CONDITIONS OF TREATMENT

1. **CHIROPRACTIC AND MEDICAL CONSENT:** The undersigned consents to any x-ray examination, laboratory, therapeutic procedures, chiropractic, and medical treatment rendered to the patient under the general and special instructions of the chiropractor or physician on staff at Spinal & Sports Wellness Center. It is the patient's privilege to refuse any recommended chiropractic or medical procedure in which case the patient will be requested to sign a refusal form thereby releasing the chiropractor, physician and clinic from any responsibility as to the possible outcome of the patient's condition.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interest.

I have had the opportunity to discuss with the doctor of chiropractic for Spinal & Sports Wellness Center and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I also understand that results are not guaranteed.

I have read, or had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I consent to treatment for my present condition, and for any future condition(s) for which I seek treatment.

2. **RELEASE OF INFORMATION:** Spinal & Sports Wellness Center may disclose all or part of the patient's record to any person or corporation which is or may be liable under a contract to the clinic for all or part of Spinal & Sports Wellness Center's charge. Including but not limited to, medical service companies, insurance companies, worker's compensation carriers, welfare funds or the patient's employer.
3. **FINANCIAL AGREEMENT:** The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of Spinal & Sports Wellness Center in accordance with the regular rates and terms of Spinal & Sports Wellness Center. Should the account be referred to an attorney for collections, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts bear interest at the legal rate. There is also a twenty five (\$25) dollar fee charged per returned check, as well as, any fees charged by the bank.
4. **DECLARATION UNDER PENALTY OF PERJURY:** The undersigned hereby declares under penalty of perjury that he/she sustained personal injury on the injury date indicated and that all information communicated to Spinal & Sports Wellness Center staff pertaining to said injury is true and subject to penalty of perjury.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING AND IS THE PATIENT, OR IS DULY AUTHORIZED BY THE PATIENT AS PATIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

PLEASE PRINT PATIENT'S NAME _____
PATIENT'S SIGNATURE _____ DATE _____
GUARDIAN'S NAME & SIGNATURE _____
WITNESS SIGNATURE _____ DATE _____