

TERMS OF ACCEPTANCE AND CONSENT FOR CARE

This Document Constitutes Informed Consent For Chiropractic Care

The purpose and goal of chiropractic is to restore and maintain the integrity of the spinal cord and its nerve roots. These vital nerve pathways are housed in and protected by the bones of the spine. Misalignments of the bones of the spine, which interfere with the function of the nerve pathways, are called vertebral subluxations. Chiropractors locate, analyze, and correct these vertebral subluxations by specific adjustments of the spine. The chiropractic examination and adjustment are not substitutes for other types of health care, just as other types of care do not take the place of Chiropractic. Being free of subluxations is complimentary to anything that enhances the body's holistic integrity and state of health.

X-Rays may be taken, which the doctor may consider necessary in the course of care.

I, (*print your name*) _____, have read the above, understand it fully, and undertake Chiropractic care on this basis.

Signature: _____ Date: _____

COMPLETE IF PATIENT IS A MINOR

Patients Name: _____

I, (*print custodial name*) _____, being the parent or legal guardian of the after mentioned minor have read and fully understand the above terms of acceptance and hereby grant permission for said be minor to receive chiropractic care.

FEMALE PATIENT

To the best of my knowledge, I am not pregnant and have been notified and advised that X-Rays may/can be hazardous to an unborn child. I deny pregnancy.

Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION AND TO PAY BENEFITS TO MARONE FAMILY CHIROPRACTIC

I hereby authorize my physician/clinic to release any information acquired in the course of my examination or treatment as deemed necessary. I hereby authorize payment directly to my physician/clinic.

Signature: _____ Date: _____

TO WHOM IT MAY CONCERN:

I hereby authorize and direct you _____, my attorney, to pay directly to Marone Family Chiropractic such sums as may be due and owing them for services rendered me by reason of accident and be reason of any other bills may be due them, and to withhold such sum from any settlement on my behalf as may be necessary for adequate protection of them. This is to act as an assignment of my rights and benefits to the extent of their services provided. A photocopy serves as good as an original.

Signature: _____ Date: _____