

PURELIFE CHIROPRACTIC

PAYMENT AND INSURANCE

Initials _____

I understand and agree that the health and accident insurance policies are an arrangement between the insurance carrier and myself. This office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account. I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

CONSENT TO TREATMENT OF A MINOR CHILD

Initials _____

I authorize PureLife Chiropractic to administer chiropractic case as deemed necessary to my _____ (relationship), _____ (name).

FEMALE PATIENTS

Initials _____

This is to certify that to the best of my knowledge I am NOT pregnant and that PureLife Chiropractic has my permission to order X-rays.

Beginning date of your last menstrual period _____.

CONSENT TO CHIROPRACTIC SERVICES

Initials _____

I hereby request and consent to chiropractic manipulations and other procedures including various modes of physical therapy, diagnostic x-rays and or tests by PureLife Chiropractic and their staff who now or in the future treat me while employed by this office. I have had an opportunity to discuss with the doctor named above and/or with other personnel of PureLife Chiropractic the nature and purpose of treatment indicated.

I understand that results are not guaranteed 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 be able to anticipate and explain all risks and complications, and wish to rely on the doctor to exercise judgment during the course of any procedure which the doctor feels at the time is in my best interest.

I have read, or have had read to me, the full above consent and have also had an opportunity to ask questions about its content and by signing below I agree to the above terms and procedures. I intend this consent to cover any treatment for my present condition and for any future conditions for which I seek treatment by this clinic and/or employed staff.

Signed _____

Date _____

Witness _____

Date _____