

TERMS OF ACCEPTANCE

Office visits are either \$45 payable at each visit (before the adjustments are made), or according to the terms of your insurance plan. You are ultimately responsible for all fees accrued onto your account.

When a patient seeks Chiropractic health care and we accept that patient, it is essential for both the patient and the Chiropractor to be working toward the same objective.

Chiropractic has only ONE goal. It is important that each patient understand both the objective and the method that will be used to attain this goal. This understanding will prevent any confusion or disappointment.

ADJUSTMENT: an adjustment is the specific application of forces to facilitate the body's correction of the Vertebral Subluxation Complex. Our Chiropractic method of correction is by specific adjustments of the spine.

HEALTH: a state of optimal physical, mental and social well being, not merely the absence of disease and infirmity.

VERTEBRAL SUBLUXATION: a misalignment of one or more the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than Vertebral Subluxation. However, if during the course of Chiropractic Spinal Examination, we encounter non- Chiropractic or unusual findings, we will inform you. If you desire advice, diagnosis, or treatment for those non- Chiropractic findings, you may seek the service so of a health care provider who specializes in the area.

Regardless of what a disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our **ONLY PRACTIC OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct Vertebral Subluxations.

I, _____, have fully read and understand the above statements. I also understand that my attendance at a New Patient Orientation, (Wednesday Nights @ 7:15), is required for acceptance as a Chiropractic patient.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept Chiropractic care on this basis.

Signature

Date