



## Consent to Treatment

Patient Name: \_\_\_\_\_

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various models of physical therapy and diagnostic X-rays on me (or the patient named below, for whom I am legally responsible) by Cody Chiropractic Wellness Center.

By signing below, I am agreeing to keep my payments current, and balance not to exceed the amount of \$100.00 unless appropriate arrangements have been made. If I fail to keep this agreement, accept any interest charges which may become owed by me.

Signature \_\_\_\_\_

Date \_\_\_\_\_