

WELCOME TO OUR OFFICE !

This letter serves as a welcome to you and an agreement between us. Our goal is to make sure you receive the very best chiropractic care we can offer and to help you achieve your maximum health potential .

Our Agreement:

1. Make sure you receive the very best chiropractic care we can offer and help you achieve your maximum health potential.
2. Make sure you understand what your problems and conditions are and how they are to be corrected prior to treatment.
3. Provide you with care in a timely fashion.
4. Discuss any possible complications or risks that could result from care
4. Answer any questions you may have regarding your healthcare here.
5. Your email address will never be sold to or given to a third party as we despise junk mail as much as you. Your email address will only be used for communication from our office such as appointment reminders and special events.

Your agreement:

1. I will make all scheduled appointments in a timely fashion. If I am not able to make said appointment I will call within 24 hours to cancel or change the appointment. If I do not make such preparations I understand that I may be charged a \$ 25.00 cancellation fee which is not billable to any insurance.
2. To be personally responsible financially for all services rendered.
3. To make payments in full at the time of service unless other arrangements have been made.
4. To communicate to the office: changes in insurance or health status, questions, concerns or suggestions.
5. I have had a chance to ask any questions pertaining to my care regarding risks and benefits and they have been answered adequately.
6. I hereby give full consent to have Dr. Mark J. Wong treat the problem areas per our discussion. Treatment shall consist of but not be limited by the following: chiropractic care, massage therapy and therapeutic modalities. I understand what my problems are and how they are to be corrected by Dr. Wong.

Signature of Patient

email address

Date

or

Guardian if under 18 years old