



Authorization Consent to Chiropractic Treatment

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures including various modes of physical therapy, and if necessary, diagnostic x-rays on by Dr. Rebecca Slayton and/or anyone at Slayton Chiropractic, Inc. authorized by Dr. Slayton.

I further understand that such chiropractic services may be performed by the Slayton Chiropractic, Inc. and/or other licensed Doctor of Chiropractic who may treat me now or in the future at this office. I have had an opportunity to discuss with Dr. Rebecca Slayton and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its contents, and by signing below, I agree to the treatment recommended by Dr. Rebecca Slayton. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at Slayton Chiropractic, Inc.

Patient Signature

Date

Cancellations and “No Show” Policy

At Slayton Chiropractic, Inc. our goal is to provide quality care in a timely manner. We have implemented an appointment/cancellation policy which enables us to better utilize available appointments for our patient’s needs.

Please be courteous and call our clinic promptly if you are unable to attend your appointment, we request that you give us at least 24 hour notice. Available appointments are in high demand and your early cancellation notice will give another patient the opportunity to make use of your allotted time.

A “no show” is someone who misses an appointment without 24 hour notice. We have voice mail which is able to receive messages at any time. No-shows inconvenience patients who are in need of our services. A failure to be present at the time of a scheduled appointment will be recorded in each patient’s personal file and a cancellation fee, of \$45.00 for new patients and \$25.00 for established patients, will be assessed and due prior to seeing the doctor at future visits. Further no shows may result in suspension of care with Slayton Chiropractic, Inc.

Patient Signature

Date