

Auto accident or Work Comp consent from

I, _____ acknowledge that this office, Simply Chiropractic, does not “treat” any named condition including conditions that may arise from work or automobile or personal injuries. I accept care today and any time in the future for the purpose of detecting and correcting subluxations of the spine to reconnect the brain to the tissue cells without interference so that my body can heal and function at its optimum capacity regardless of condition or symptoms.

I have been advised that if I was in an automobile, work or personal injury that I should seek medical care immediately to have it documented and treated if an injury is diagnosed by them.

Signed: _____

(Please Print Name): _____

Date: _____