

Dr. Pierre Rouse, LLC

Consent to Chiropractic Treatment Plan

I, _____, hereby authorize Dr. Pierre Rouse, LLC to administer primary chiropractic procedures and other such procedures, if any, which may be deemed clinically necessary and appropriate by Dr. Pierre Rouse, LLC for diagnosis and treatment of my condition.

It has been explained to me the initial Chiropractic Treatment Plan proposed for me consists of regular chiropractic adjustments and re-evaluations and, when deemed necessary, other manipulative techniques and supportive procedures.

If during the course of care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

A representative of Dr. Pierre Rouse, LLC has fully explained to me:

1. The nature and purpose of the proposed Chiropractic Treatment Plan
2. The possible alternative treatments and methods, including but not limited to, forgoing any treatment
3. Benefits to be expected under the proposed plan, as well as any risks compared with possible alternative treatments and methods. I acknowledge that no guarantee has been made as to the Chiropractic Treatment Plan
4. My financial obligation, including insurance coverage, deductibles, co-pays and payment options, if applicable

Additional comments:

I certify that I have read and fully understand the above consent to treatment, and that explanation has been made, all questions have been answered to my satisfaction, and therefore, I consent to the Chiropractic Treatment Plan.

Patient Signature

Date

Parent or Guardian Signature

Date

Dr. Pierre Rouse, LLC

Date