Scott Whitemarsh DC
Molly Barton LMP
215 Van Giesen St, Richland, WA 99354
509-942-1212

PLEASE NOTE: You have a right to refuse any services recommended by Cornerstone Chiropractic. However, Cornerstone Chiropractic has the right to dismiss you if recommended services are refused.

ALL INITIALS AND SIGNATURES MUSTBE COMPLETED IN ORDER TO INITIATE A VISIT FOR TREATMENT.

PRIVACY

I have read, understand, agree to and have been given a copy of the Notice of Privacy Practices from this office.

Initials _____ Date _____

FINANCIAL

I have read, understand, agree to and have been given a copy of the Financial Policy from this office.

Initials _____ Date _____

INFORMED CONSENT

I have read, understand, agree to and have been given a copy of the Informed Consent to Chiropractic Treatment form from this office.

Initials _____ Date _____

X-RAY CONSENT

I have read, I understand, agree to, and have been given a copy of the Consent to X-ray form.

Initials _____ Date _____

_____ _____
Print name Date

_____
Signature

Parent or Legal guardian if patient is a minor: _____
Print Name of Minor Patient

_____ _____
Print Name of Parent/Legal Guardian Signature of Parent/Legal Guardian