



Dr. Robin Waterbury, DC
1400 Shelby Drive
Dyersburg, TN 38024
Phone 731.377.5550

PLEASE READ AND SIGN BELOW:

Check the type of care desired so that we may be guided by your wishes whenever possible.

- Relief Care Corrective Care Comprehensive Care
- Check here if you want the doctor to select the type of care appropriate for your condition.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the Doctor's office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the Doctor's office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

I hereby authorize the Doctor to treat my condition as she deems appropriate through the use of manipulation throughout my spine. It is understood and agreed the amount paid, for x-rays, is for examination only and the x-ray negative(s) will remain the property of this office, being on file where they may be seen at any time, during office hours, while a patient of this office. The patient also agrees that he/she is responsible for all bills incurred at this office. The Doctor will not be held responsible for any pre-existing medically diagnosed condition, nor for any medical diagnosis.

Patient's Signature: _____ Date: _____

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Minor Patient's Name _____ Age: _____

Guardian Authorizing Care

Guardian's Name _____ Date: _____

Print Guardian's Name _____ Relationship _____