

## **Terms Of Acceptance**

**These are the terms under which all patients are accepted for care in this office:**

**It is clearly understood that there is no promise or offer of any kind, on the part of the Doctor or this office, to treat any Symptom, Condition or Disease.**

**Although I may have come to this office with the initial expectation of relief of a particular symptom or condition. It has been clearly explained to me that the only purpose of Chiropractic care is to remove or reduce Nerve Interference caused by the presence of a Vertebral Subluxation.**

**This correction is undertaken for no other reason than that these Vertebral Subluxations interfere with the capacity of the body to fully express life**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Witness \_\_\_\_\_ Date \_\_\_\_\_**