

# PER Consent Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Height: \_\_\_\_' \_\_\_\_ Weight: \_\_\_\_ lbs

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Emergency contact/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for visit: \_\_\_\_\_ When symptoms appeared: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

## Informed Consent to Pulsed Electromagnetic Field Therapy

I hereby certify that I am at least 18 years of age, or have provided a written parental/guardian consent to be treated. I confirm that I am not pregnant and that I do not have a pacemaker or any other electronic-based implants. I understand that this demonstration is not diagnostic and that a medical practitioner may not always be conducting this and future sessions. Further, I release Dr. Kenneth M. Toy and his staff from any and all liability from complications which may arise from treatment. Should I decide to pursue chiropractic treatment, I consent to the performance of procedures within the scope of the practice of chiropractic, including, but not limited to chiropractic adjustments, various modes of physical therapy, massage therapy, and diagnostic x-rays. I have read and understand this consent and desire to receive therapy pursuant to the terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Price Acknowledgment and Past Due / Collection Agreement

After the initial complimentary session, I understand that there is a \$50.00 charge per treatment to receive Pulsed Electromagnetic Field Therapy. I acknowledge that all payments are due at the time of service, unless prior payment arrangements have been made with Dr. Kenneth M. Toy and his staff. In the event that my account has an outstanding balance that exceeds 30 days with no contact from me, my account will be forwarded to American Capital Ent., Inc., a collection agency. I have fully read and understand this agreement and any questions I may have concerning this matter have been answered by Dr. Kenneth M. Toy and his staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_