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## CONSENT FOR CARE

Naturopathic examination and therapeutic procedures (including but not limited to, spinal adjustment, facials, wraps, ultrasound, heat/cold application, manual therapy and vitamin/mineral injections, either intramuscularly or intervenously), are considered safe and effective methods of care. With any procedure that is intended to help, occassionally complications may arise. While the chance of experiencing complications is small, it is the practice of this clinic to inform our patients about them. These complications include, but are not limited to, soreness, inflamation, soft tissue injury, dizziness, burns and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side-effects and complications are available upon request.

I have read and understand the above statement regarding treatment side-effects. I also understand that by signing this below I am giving my consent for care/treatment by the staff of Rinnovare Laser and Wellness Center. I also understand that there is no guarentee or warrenty for a specific cure or result.

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

Patient Name (please print):\_\_\_\_\_

Patient Signature:\_\_\_\_\_

If patient is under age 18,

Parent/Guardian Name (please print):\_\_\_\_\_

Parent Guardian Signature:\_\_\_\_\_