



**Claims Authorization**

I request that my insurer make payment of authorized insurance benefits to Dr. David B. Bridgwood for any medical services rendered. I authorize any holder of medical information about the patient named to be released to the insurance company and its agents, any information needed to determine the benefits payable to related services. I hereby authorize my provider or any other medical related facility to furnish any and all records, medical history, services rendered, or treatment given to the patient named for purposes of review or evaluation of any claim submitted. I also authorize disclosure to a hospital or healthcare service plan any medical information obtained in such disclosure is necessary to allow the processing of any claim. I coverage is under a group contract held by an employer, an association , trust fund, union or similar entity, this authorization also permits disclosures to them for the purpose of utilization review or audit.

This authorization shall become effective immediately upon execution and shall remain in effect for duration of any claim or term of coverage, including a reasonable time thereafter, until its final consummation. This authorization shall be binding upon dependents, heirs, executors and me.

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

**Patient Consent to Chiropractic Treatment**

By signing below, I give **Dr. David B. Bridgwood** consent for examination and the performance of any test/treatment needed. If the patient is a minor or mentally incompetent, by signing I give consent for examination, test and procedures for the above minor patient. I understand and am informed that as in all health care, in the practice of chiropractic there are some “rare” risks to treatment, including but limited to, muscle strains and sprains, fractures, dislocations, disc injuries and strokes. A minority of the patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications. The doctor gives no implied guarantee of cure.

Other treatment options, which could be considered, may include, may include the following:

- **Over the counter analgesics.** The risks of these medications include irritation to the stomach, liver and kidneys, and other side effects in a significant number of cases.
- **Medical care** typically anti-inflammatory drugs, tranquilizers and analgesics. Risks of these drugs include gastrointestinal bleeding. Kidney and liver disease as well as other undesirable side effects and patient dependence in a significant number of cases.
- **Hospitalization** in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- **Surgery in conjunction** with medical care adds the risks if infection and adverse reaction to anesthesia, as well as an extended convalescent period in a significant period in a significant number of cases.

**Risks of Remaining Untreated:** Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. I it quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

I have received the risks of my treatment, alternative forms of treatment as well as remaining untreated with the patient. I have also afforded the patient the opportunity to ask any questions and have answered them to their satisfaction.

Doctor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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