

Terms of Acceptance

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

The **Insured** does not offer to diagnose or treat any disease or condition other than vertebral subluxation or other neuro-musculoskeletal conditions; the **Insured** will advise such patient of any non-chiropractic or unusual finding; and, the **Insured** will recommend that the patient seek services of healthcare provider who specializes in that area if the patient desires advice, diagnosis or treatment of such findings.

Insured: Mark Wilson D. C.

Printed Name _____ **Date** _____

Signature _____ **Date** _____

Witness _____ **Date** _____

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