

**PATIENT INFORMATION (CONFIDENTIAL)**

20 Park Avenue, New York, NY 10016

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

CELL # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**AUTHORIZATION TO TREAT MINOR**

I, \_\_\_\_\_ BEING THE LEGAL PARENT/GUARDIAN OF  
\_\_\_\_\_ CONSENT TO HIS/HER TREATMENT.

**FEMALE PATIENTS ONLY**

PLEASE BE ADVISED THAT X-RAYS NEED TO BE TAKEN BEFORE YOU CAN BE TREATED.

IF THERE IS ANY POSSIBILITY THAT YOU MAY BE PREGNANT, PLEASE INFORM THE DOCTOR.

SIGNATURE \_\_\_\_\_

**TMJ /TEETH RESTORATION/ JAW ALIGNMENT PATIENTS**

Patients with these issues need to acknowledge that they understand when they have the Atlas adjusted it may change the alignment of the jaw effecting your bite and require further Dental Treatment.

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

**CANCELLATION POLICY**

IF YOU NEED TO CANCEL YOUR APPOINTMENT 24 HOURS NOTICE IS REQUIRED TO AVOID BEING CHARGED IN FULL.

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**INSURANCE**

WE DO NOT PARTICIPATE WITH ANY INSURANCE COMPANIES. IF YOU HAVE "OUT OF NETWORK" CHIROPRACTIC BENEFITS WE WILL PROVIDE THE NECESSARY INFORMATION FOR YOU TO FILE YOUR CLAIM.

**THIS TREATMENT IS NOT COVERED BY MEDICARE OR ANY MEDICARE SUPPLEMENTAL INSURANCE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_