



CONSENT FOR TREATMENT

I do hereby consent to treatment of my condition by the staff of the Spine, Orthopedics and Rehabilitation. I also certify that no guarantees or assurances have been made to me as to the results that may be obtained as a result of procedures, treatment and/or techniques used by the Spine, Orthopedics and Rehabilitation. I further understand that while I am being assessed and/or treated at the Spine, Orthopedics and Rehabilitation will not be held responsible for any injury sustained outside of its immediate physical premises.

_____ Date: _____
Patient's Signature

_____ Date: _____
Alternate Signature (if patient cannot sign)