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I confirm (to the best of my knowledge) that the information I have provided is accurate and complete. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there are often inherent risks associated with skin and body care services including the services I am about to receive could have unfavorable results including, but not limited to: allergic reaction, irritation, burning, redness, scarring, soreness, etc. By signing below, I further agree that I will not hold The Wellness Center at Dublin Family Chiropractic, its affiliates or any of its employees responsible should there be any unfavorable outcome or result.

Name of Patient (Signature) Date

Witness (if under age 18) Date