

Benessere Chiropractic, Massage and Fitness, LLC
295 W. Broadway
Eugene, OR 97401
Ph: (541)636-3358 F: (541)636-3098

Authorization of Care

I authorize and agree to allow the Chiropractor(s) and/or their designated staff to work with my physical body, or the body or the charge I represent, with the use of Chiropractic Manipulation of skeletal articulations, physiotherapy modalities, Massage Therapy and Rehabilitative Exercise for the sole purpose of the improving musculoskeletal function and neurological activation. I understand that the Chiropractor(s) and/or their staff at Benessere Chiropractic, Massage and Fitness will not be held responsible for any health conditions or diagnoses that are pre-existing, diagnosed by another healthcare practitioner, or are not related to the neuromusculoskeletal conditions diagnosed at this clinic. I also clearly understand that if I do not follow the Chiropractors and/or staff's specific recommendations that I may not receive the full benefit of treatment. I understand that I am responsible for all fees incurred for the services provided. I agree to ensure full payment of all charges in a timely manner.

Patient's Signature: _____ Date: _____
Print Patient's Name: _____

If patient is legal charge of limited capacity requiring guardianship for treatment, please complete the following:

Date Guardianship Awarded: _____ County, State of Guardianship: _____

I hereby authorize the doctor to administer care as deemed necessary to my charge as appointed by the courts.

Guardian Signature: _____ Date: _____
Print Guardian's Name: _____