



TREATMENT CONSENT AND LIABILITY WAIVER

I, _____, hereby give my consent for the proposed HCT/P(s) and/or PRP procedure(s)/treatment(s) OR ANY OTHER TREATMENT to be performed by **Robel Dabandan APRN** and acknowledge and confirm that I am mentally capable of giving informed consent to the provision of the diagnosis, care and/or treatment described herein, and I am not subject to duress or undue influence. I fully comprehend all disclaimers and details as they relate to, and reference, the procedure(s)/treatments that I am receiving today. Furthermore, it has been discussed in detail that the procedure(s)/treatment(s) I will be receiving today has explained possible adverse side effects, complications, risks, and outcomes while also answering any questions I have had regarding the same.

I HEREBY RELEASE **MERRIFIELD CHIROPRACTIC CENTER CORP DBA "CONCEPT CHIROPRACTIC AND REGENERATIVE MEDICINE"** AND ALL OF THEIR AGENTS, OFFICERS, DIRECTORS, SERVANTS, INDEPENDENT CONTRACTORS, AND EMPLOYEES FROM ANY LIABILITY WHATSOEVER IN CONNECTION WITH ANY PROCEDURE(S)/ TREATMENT(S) RECEIVED IN THIS OFFICE AND THE PRODUCTS, INCLUDING BUT NOT LIMITED TO ANY TORT CLAIM SUCH AS MEDICAL NEGLIGENCE OR PRODUCT LIABILITY. THE SCOPE OF THIS RELEASE SHALL INCLUDE, BUT NOT BE LIMITED TO, DAMAGES, LOSSES AND/OR INJURIES OF ANY KIND WHATSOEVER ENCOUNTERED IN CONNECTION WITH THE PROCEDURE(S)/TREATMENT(S) RECEIVED IN THIS OFFICE AND THE PRODUCTS.

I FURTHER AGREE TO HOLD HARMLESS AND RELEASE **MERRIFIELD CHIROPRACTIC CENTER CORP, DBA "CONCEPT CHIROPRACTIC AND REGENERATIVE MEDICINE"** FROM AND AGAINST ANY AND ALL CLAIMS AND CAUSES OF ACTION OF EVERY KIND ARISING FROM ANY AND ALL PHYSICAL OR EMOTIONAL INJURIES AND/OR DAMAGES WHICH MAY HAPPEN TO ME IN CONNECTION WITH THE PROCEDURE(S)/ TREATMENT(S) RECEIVED IN THIS OFFICE AND THE PRODUCTS.

In understanding and agreeing with the aforementioned, I have no further questions and require no further explanation and agree to the application of the procedure to be performed by Robel Dabandan, APRN. Furthermore, I have been provided a copy of post procedure instructions.

Signature/Guardian _____

Date _____

Witness _____

Date _____