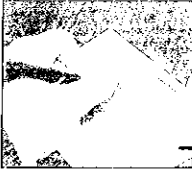


# The following steps have been designed to eliminate patient waiting.



Preferred hours: M, W, R 8:30-10:30, 12-1, 3:30-5:30/6  
Extended hours: M, W, R 10:30-12, 2:30-3:30  
T 2:30-3:00  
Please sign in on our sign-in sheet.



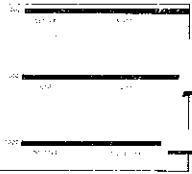
Indicate on the Patient Record how you are feeling today and let us know of any new problems you might have. Take yourself to the assigned treatment room with your folder and place the folder in the designated area.



Lay face down on the adjusting table. Make sure the head rest paper has been changed. The reason we request you to lay down is to relax. If you don't lay face down, your muscles remain tense. You will get a better adjustment if you are relaxed.



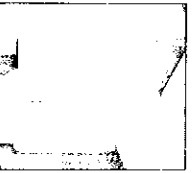
REMINDER: If the doctor comes into the treatment room and the Patient Progress Report is not filled out completely or you are not lying face down, the doctor will have you do this while treating other patients.



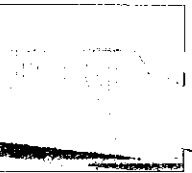
To hold your preferred treatment time, we request that all appointments be made 4 weeks in advance whenever possible. This will save you and the office time and eliminate waiting.



All new problems, re-exams, consultations, and diet and exercise programs are to be discussed during regular office hours, not during your preferred treatment time. If a new problem develops, an accident occurs, etc., you should call and reschedule an appointment from preferred hours to regular hours when more time would be available.



Our office accepts payment by the week (Monday), month, or year. Payment each visit would cause our patients to make out unnecessary checks and cause waiting to occur.



Your results are obtained based on the number of visits per week, not per month. Therefore, it is vital you hold to your schedule. If an emergency arises, we ask you to notify us as soon as possible. An official make up appointment will be assigned and reserved for you so that you can know in advance when to make up a missed appointment.



If you request us to direct bill your insurance company, we ask you to leave a credit card on account to cover our costs in the event you should receive the insurance check for our services. The credit card would only be used if you fail to provide our office with the funds within 5 days of receiving them.

Sign & date:

PATIENT POLICIES