



THE 6-VISIT PIEZOWAVE<sup>2</sup> PROGRAM CONTRACT

<input checked="" type="checkbox"/>	Qty	Products Available	Per Unit	Cost
<input type="checkbox"/>	<b>Option 1 – Pay Package in Full</b>			
	1	PiezoWave <sup>2</sup> Introductory Treatment demo	\$100.00	Free demo
	5	PiezoWave <sup>2</sup> Introductory Treatments	\$100.00	\$500.00
	5	10% discount when paid in full	-\$10.00	-\$50.00
		Total Value of PiezoWave <sup>2</sup> Package	\$100.00	\$600.00
		<b>Total Price when paid in full</b>	<i>Best Value</i>	\$450.00
<input type="checkbox"/>	<b>Option 2 – Pay as you go</b>			
	1	PiezoWave <sup>2</sup> Introductory Treatment demo	\$100.00	Free demo
	Ea	PiezoWave <sup>2</sup> Treatment paid as you go	\$100.00	\$100.00 per
<input type="checkbox"/>	<b>Additional Treatment Options</b>			
	Ea	Additional treatment site	\$75.00	\$75.00 per

**Payment.** We accept cash, check, debit, Visa, MasterCard and Discover. There is a minimum fee of \$25 charged for returned checks. You are solely responsible for any treatment rendered in this office. All services rendered to you are charged directly to you, and you are personally responsible for payment at the time of service. This office does not accept insurance of any kind for PiezoWave<sup>2</sup> Therapy Treatment.

**All sales are final.** If you elect for Option 1, and purchase this entire package, a discount may be given. You understand that if the entire program isn't completed, the discount becomes **void**, and the services rendered will be charged at the full per unit rate listed above. If you request a refund for any reason, any services rendered will be charged at the full per unit rate listed above, and any discount given becomes **void**, possibly resulting in a \$0 refund.

**Cancellation policy.** When you are scheduled for PiezoWave<sup>2</sup> service or appointment, a room and employee are reserved for you. If you don't show up, the appointment time reserved cannot be replaced with another patient, the employee and room assigned are not utilized, and resources are wasted. Therefore, if you fail to provide a *24-hour or longer* notice of cancellation for an appointment, you will still be charged for that service as if you had been here.

**Consent.** You authorize the chiropractor and staff to perform any necessary services needed during PiezoWave<sup>2</sup> treatment.

**Your signature below indicates that you understand the above policies and that you will comply with the requirements.** In signing this agreement, you understand that you are beginning a series of treatments to help you reach your pain free reduction goals. You understand that individual results may vary and accept full responsibility for any aftercare prescribed by the chiropractor and/or staff. You understand that much of the success of the program will depend on your efforts with the appropriate home care to ensure maximum results and that there are no guarantees or assurances that the program will be successful. By signing this agreement, you release The Back Alley Chiropractic & Massage, chiropractor, staff, manufacturer, and distributors from any liability regarding this treatment and do so understanding that results can vary from one individual to the next. You have read and fully understand this consent form and you realize you should not sign this form if all items have not been explained to you.

Print Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_