

CONSENT TO TREATMENT

This is to acknowledge that I have been informed and understand that:

1. Any treatment or advice provided to me as a patient of CWC is not mutually exclusive from any other treatment or advice that I may be receiving now or in the future, from another healthcare provider. I am at liberty to seek or continue medical care from a physician, surgeon, or other healthcare provider.
2. We will conduct an insurance verification with your provided insurance company as a courtesy. As a patient of Capitol Wellness Center, you are responsible to know the details of your insurance coverage. Often, we receive general information from the insurance companies that may not be specific to your coverage and medical therapies performed at Capitol Wellness Center such as: visits, lab work, amount of deductible, etc. In the event your insurance company does not pay for office visits, procedures, or lab work, you will be responsible to pay for these services.
3. Any procedure conducted at Capitol Wellness Center, such as Intravenous Nutrient Therapy, Manipulation, or other body work, intended to help may have side effects. While the chances of experiencing complications are small, it is the practice of our clinic to inform patients about them. These complications may include, but are not limited to, soreness, temporary pain or discomfort, inflammation, soft tissue injury or bruising, dizziness, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side effects and complications is available upon request. It is also our policy to inform you of the procedure being performed and the risks and alternative treatments available. If your physician does not explain to your satisfaction, please ask for more information. If you experience severe symptoms such as fever, chills, body pains, or other unbearable symptoms please go to your nearest urgent care, emergency room, or call 911.
4. Capitol Wellness Center does not have a physician available after hours or weekends. If you have an emergency during these times, please go to the nearest urgent care, emergency room or call 911. If you have a question or need clarification about your current treatment plan, please message our office through our patient portal, Elation Passport. You can also call our offices and someone will get back to you during regular office hours.
5. I have read and understand the above and have had an opportunity to ask questions. I hereby consent to treatment.

Print Name

Signature of Patient

Date