

## Highlands Chiropractic

3901 NE Fourth Street, Suite 109  
Renton, WA 98056

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Phone 425-277-0577  
Fax 425-277-0652

### MESSAGE THERAPY APPOINTMENTS

I understand that if I am unable to keep my massage therapy appointment that I will contact the office at least 24 hours before my scheduled time to cancel and/or reschedule my massage. I also understand that if I **do not comply** with the above **24 hour** notice I will be charged a fee of

**\$50\***.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\*Fee amount may change without notice.

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### PREGNANCY RELEASE

This is to certify that to the best of my knowledge I am **NOT** pregnant and the above doctor and his/her associates have my permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

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*(signature)*

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*(date)*

**YES**, I am pregnant. I am \_\_\_\_\_ weeks along.

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*(signature)*

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*(date)*