

Active Chiropractic Wellness Center, LLC
Dr. Candice Koch, D.C.

MISSION STATEMENT

To provide optimum spinal corrections, reducing nerve interference, from pediatric development to adult health.

I do not treat specific symptoms, conditions or ailments, other than vertebral subluxations. I do not imply that any particular adjustment or series of adjustments will have a direct effect on any symptom or condition a person may be presenting. Research studies show improved physical and emotional health and well being reported by thousands of patients receiving chiropractic care.

I will not venture into the practice of medicine by advising about the need for reduction or discontinuance of current medication. I suggest you speak with your primary physician to determine the objective and goal to be obtained by receiving a particular medical treatment. Determine if this is consistent with your desire for wellness at this point in time. Your physician may guide you to changing a medication or treatment you are presently utilizing to accommodate for your changing body and mind.

TEAM STRATEGY:

- To accurately monitor individual spinal change.
- To provide professional care that empowers each family member in vital natural health, to assist in the reduction of spinal cord tension and associated vertebral subluxations and to develop and maintain spinal nerve system integrity.
- To accurately manage patients account records, payments, and charges.
- To provide courteous and respectful assistance in answering question, making appointments and handling transactions.
- To perform all services in such a manner as to warrant the trust and referrals of our patients' family and friends.

REMEMBER:

Spinal correction and healing take time. If at any time you do not feel satisfied with your body's responses, please bring any issues to the attention of Dr. Candice. Your comfort and understanding are most important to us, and we want you to get the most from your chiropractic care.

I have read this mission statement and understand its contents. I understand that the spinal adjustments offered in this office are not a replacement for any form of treatment provided by other types of practitioners. I understand that I am not being treated for any condition or symptom other than spinal tension, vertebral subluxation and the associated loss of spinal and nerve system integrity. This office offers chiropractic as a form of health and wellness care, to promote the natural mechanisms for self healing and empowerment, as compared to specific target treatment.

I have read and understand this mission policy, and consent for treatment by signing below.

Signature _____ Date _____

If for a minor, please state relationship _____