



CARDINAL POINTS: HEALING ARTS

I give consent to my Osteopathic Manual Practitioner (Daniel Fow) consent to the proposed treatment and physical assessment. I understand that potential side effects may include (but are not limited to):

Muscle Soreness
Fatigue
and an exaggeration of Symptoms

I understand I may withdraw this consent at anytime.

I understand this record will be kept confidential in full accordance with provincial laws and will not be released unless directed by myself or required by law. I give consent to the practitioner to communicate with me via email.

I understand that there is a 24 hour cancellation policy. If I should miss my scheduled appointment I will be subject to pay a \$40 cancellation fee. Promptness is expected for all appointments. In the event of lateness the treatment shall be cut short with fees maintained as per scheduled booking.

Name

Signature of Patient or Acting Guardian

Date



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