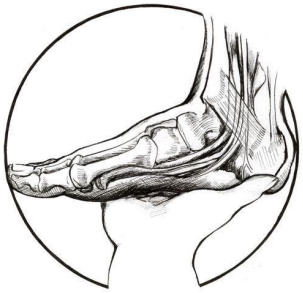

BRADFORD FAMILY ORTHOTIC AND FOOT CLINIC

Stephen Chu R.Kin. D.Ch.

Jennifer Chua M.Sc. D.Ch.

BRADFORD
239 Holland ST.W
Bradford, ON
L3Z 1H9
(905) 392-7793

CONSENT TO TREATMENT

I _____ hereby give consent for the examination and assessment of my feet. I understand that all procedures involved in the assessment and subsequent treatment(s) will be fully explained to me by the attending Chiropodist.

I am aware that I would be held responsible for any missed appointments if I do not give two business days notice for cancellation. There is a $50 no-show fee that will be billed per appointment and $150 for a surgery.

Professional opinion, measurements and assessments are involved with the fitting and treatment of my feet for medical devices. These are all final sale and no refunds will be issued because work has been done. I understand that sometimes, insurance companies reimburse for treatments and medical devices and sometimes they do not.

[Note: We encourage you to read or find out your insurance coverage ahead of time if finances will dictate your course of medical intervention. Under no circumstances, will you be given a refund based on a lack of reimbursement from private insurance. Please also consider that your health plan should not dictate your necessary course of treatment.]

I am also aware that some chiropodial procedures may involve a very limited risk of infection, the creation of minor bleeding points or minimal pain and discomfort. I am aware of the fee for service and assume all responsibility for the cost incurred.

Signature ____________________________ Date ________________________