

# **D'IPPOLITO FAMILY CHIROPRACTIC CENTER**

**If you are coming in for a Promotional FREE EXAM (G.S. 90-154.1):**

Your exam will be free and any further services or treatments will be described prior to the service and may incur charges.

By signing, I agree that I am receiving FREE services and understand that I may incur charges for further treatment.

Name: \_\_\_\_\_

Witness: \_\_\_\_\_