



To Whom It May Concern:

I \_\_\_\_\_, am writing to inform you that the care that I am about to receive at Fountain Chiropractic Clinic is not in any way the result of an Auto or Work related injury. Please make note of this information so that payment may be made to the Doctor without interruption.

Thank you,

Signature \_\_\_\_\_

Witness (Office Use) \_\_\_\_\_ Date \_\_\_\_\_