

**Dr. Ashley Magee**  
**Barefoot Chiropractic & Wellness**  
**2919 S. Ellsworth Rd., Ste 109 Mesa, AZ, 85212**  
**Phone: 480.357.5555 Fax: 480.357.0011**

As a patient of Dr. Ashley Magee, you will be directly involved with your health goals and I will act as your coach to guide you through your health program.

Thank you for allowing me to take part in your journey.

***Dr. Ashley Magee***

**Consent to Treat/Informed Consent**

I consent to the use and/or disclosure of my protected health information by Dr. Ashley Magee for purposes of diagnosing or providing treatment to me. I consent to treatment and understand that my physician is a licensed Naturopathic Medical Doctor. I understand and agree that diagnosis or treatment of me by Dr. Ashley Magee and/or my assigned physician may be conditioned upon my consent as evidence by my signature on this document.

Supplements may be returned for a full refund if unopened for 7 days. No refunds on supplements will be made beyond 7 days.

Programs purchased on a package discount will be honored within 3 months of the purchase date after which the patient agrees to forfeit the package.

I understand that I am financially responsible for the charges that I incur during my treatment under the care of Dr. Ashley Magee. There will be an additional \$35.00 charge for any returned checks. I have read and agree to the financial policy.

I understand that any test, exam, nutritional supplements or prescriptions available at Dr. Ashley Magee facility is for my convenience. I am aware that I am not bound to purchasing these items here and may acquire them at my chosen facility. I am also aware that these items may include a margin of profit.

Name \_\_\_\_\_  
Print

Date \_\_\_\_\_

Name \_\_\_\_\_  
Sign (Parent if patient is a minor)

Witness \_\_\_\_\_  
Sign