



# Our Fee Structure

Please note our fees for your initial visit:

<b>Consultation</b>	Complimentary
<b>Examination</b>	\$ 150
<b>Radiology</b>	Variable (performed outside of office)
<b>TOTAL</b>	<b>\$ 150.00</b>

Please note that if you have been involved in a motor vehicle accident, our fee structure may differ due to the complexity of your needs in such cases.

I fully understand the above fees and give my consent. I also give my consent to have the doctor take any x-rays he/she deems appropriate to better understand my problem and monitor my progress.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of Parent/Guardian required if patient under age 18)

***Thank You!***