

Back 2 Wellness Chiropractic

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Consent for Video/Audio Recording

I hereby consent to video and/or audio recording during my visit to Back 2 Wellness Chiropractic. I understand these recordings may be used for educational, training, and marketing purposes, including patient testimonials, by Back 2 Wellness Chiropractic.

I acknowledge that my consent is voluntary, and I have the right to withdraw it at any time.

Consent for Video/Audio Recording

___ I AGREE to the video/audio recording for educational training purposes.

___ I DO NOT AGREE to the video/audio recording for educational training purposes.

Patient name

Date