



BIODYNAMIC THERAPIES, LLC

Permission to Treat

I authorize permission to be treated by the therapist at Biodynamic Therapies, LLC.

All treatments, including manual therapy techniques, will comply with state and federal guidelines.

Some procedures may include internal work. Techniques for TMJ and Craniosacral Therapy are performed through the Oral cavity, Nasal Cavity and ear canal.

I understand that I am an active participant in my therapy and that it is my responsibility to provide accurate and timely feedback to the therapist about my response to any technique. I am responsible for keeping my therapist updated on any change(s) in my healthcare status (new injury, change in medication, etc.)

I understand that I am in full control of my treatment. I understand that I have the right to halt any technique or stretch at any time by asking my therapist to stop and that my request will be respected without question.

By signing below, I acknowledge that I have read and understood the statements above.

Patient Name _____

Patient Signature _____

Date _____