



CONSENT FORM

I MANGALA EKGHARE am a patient of DR Pradnya since 2005 .

I have approached 360° Spinal Wellness and Rehabilitation for the treatment of the same.

I am aware that my complaints are lifestyle based / degenerative in nature that has accumulated over time due to a wrong lifestyle / posture / age factor, etc. The doctor / therapist has examined me and explained about problems and treatment options.

I am aware that non-surgical and / or complementary and alternative methods require its own course of time as they offer progressive wellness and relief. I have been explained clearly and properly by the doctors / staff of the therapeutic centre, about the treatment options, indications and contra-indications.

I shall abstain from physical and mental stress.

I was explained and am aware from counselling that non-invasive and conventional treatment offered has a success rate of 80-90%. I am aware and agree that there are chances that I may not get benefit from the therapy due to any underlying anatomical / physiological / lifestyle / medical conditions.

I agree with good conscience to undergo the therapy / program offered. I will not hold responsible doctor / therapist / technician / other staff for the treatment results. I assure complete co-operation to the doctor / therapist during the course of the treatment and the following post treatment recurrence management program which includes but not limited to ergonomic/ postural correction, nutrition planning and active life style modifications

I also agree to use my treatment reports for patient registry documentation purposes and for clinical studies for the betterment of humankind.

Signature of Patient:



PATIENT ATTENDANT CONSENT

I **Vikas** am a relative / friend to the patient **MANGALA EKGHARE**. We have been explained about the therapy and agree for **Jenkins** to undergo **observation**. We will not hold any doctor / therapist / staff of the hospital / medical centre regarding the treatment and treatment results.

The Doctor at **Shivaji Nagar** centre have explained myself and the patient in detail the nature of the treatment. I hereby give consent for the patient to undergo the treatment.

Relation to Patient:

Signature of Attendant: