



292 King Street West, Oshawa Ontario, L1J 2J9
725-4020

Dear Patient:

We would like to take this opportunity to thank you very much for consulting our office and allowing us to help you on your way to better health with chiropractic care.

On the following page you will find a questionnaire entitled 'Confidential Patient Case History'. Please complete this form in full as it will enable us to better serve you with respect to your health needs.

Today, you will also receive our 'Office Policy', which we request that you read in its entirety and take with you. Adhering to the office policy will help us serve you more efficiently.

Finally, an 'Informed Consent' form is enclosed. Please read this form as it will require your signature prior to the initiation of any chiropractic care.

Should you have any questions, please feel free to ask the receptionist, or one of the doctors.

Yours sincerely,

Dr. Scott W. Martin

Dr. Greg P. Martin