

RELEASE FORM

IDD Therapy® Treatment Release Form

Dear IDD Therapy® Patient,

IDD Therapy® treatment (Intervertebral Differential Dynamics) utilizing the Accu-Spina™ system has been clinically proven to reduce symptoms related to lumbar disc herniations, degenerative disc disease, and posterior facet syndrome by 86% success on average.

During the course of your treatment, it is not uncommon to have an increase in the following symptoms:

- MILD INCREASE IN LOWER BACK PAIN
- MILD INCREASE IN LOWER BACK SORENESS.

** Initial ____

I understand the above listed requirements as an IDD Therapy patient and I acknowledge the possibility of having a mild increase of current symptoms during the first part of my care as listed above. (I will be happy to explain why your symptoms may increase) I DO AGREE for The Healthy Back Clinic to perform IDD Therapy® treatment and the secondary therapeutic applications necessary for this treatment program.

Print Name: _____

Signature: _____