



adults . children . pregnancy

# CRAM

CHIROPRACTIC and WELLNESS  
CENTER

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## Acceptance and Consent

Just Stop Smoking Program

I have attended a “Just Stop” class and have been informed and fully understand all of the “Just Stop” program recommendations and requirements. Which include, wanting to quit the use of all tobacco products, completing 3 visits of low level laser therapy within a week, avoiding all use of tobacco products during my quit week, finishing the “Just Stop” herbal and homeopathic products as prescribed and paying in full prior to starting the program. I fully understand that, if I follow all requirements listed above and was unable to cease smoking or using tobacco products within the 7 day program, I can receive a refund for only the cost of the laser treatments. I have read and understand the above consent, and have had the opportunity to ask questions. I consent to the care recommended by the Doctor and the Wellness Technician.

Name of Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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