## Informed Consent for Examination and Treatment

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ince of examination and treatment on me or on by the licensed doctors of chiropractic, medical to may be employed by or engaged in practice in	
with the doctor(s) or other clinic personnel the therapy procedures and chiropractic treatment neither chiropractic nor medical treatment is an adjusted and another to anticipate or explain risks and not necessarily indicate an error in judgment. Not but rather I wish to rely on the doctor to choose seed upon facts known that is in my best interests.	
tain degrees of risk associated with chiropractic es rarely, but not limited to fractures, disc injuries, illing to accept and consent to the risk associated	
as been explained regarding consent. I have had nination and treatment. By signing below, I agree cedures prescribed for my condition and for any	
Female Patients: By my signature on this form I do hereby state that to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this particular time. Date of last menstrual period	
atient's Signature	
elationship or authority if not signed patient	

Witness