



ALFRED ALMOND CHIROPRACTIC, LLC

www.MyAlfredChiro.com

"Your Best Alternative"

Dr. Daniel P. Lee, DC - Clinical Director

49 Hillcrest Drive

Lower Level

Alfred, NY 14802

607.247.4017 phone

607.247.4018 fax

alfredalmondchiro@gmail.com

Informed Consent to Chiropractic Adjustment and Care

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays, on me (or on named patient below, for whom I am legally responsible) by the doctor of chiropractic named below and/or other licensed doctor of chiropractic who now or in the future treat me while employed by, working at the clinic or office listed below or any other office or clinic.

I have an opportunity to discuss with the doctor of chiropractic named below and/or other office or clinic personnel the nature of chiropractic adjustments and other procedures.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to, fractures, disc injuries, strokes, dislocations, sprains and strains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and wish to rely on the doctor to exercise judgement during the course of the procedures which the doctor feel at the time, based upon the facts then known, and is in my best interest.

I have read, or have read to me, the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment.

To be completed by Patient:

Print Patient's Name

Signature of Patient

Date Signed

Daniel P. Lee , DC

Date Signed

To be completed by patient's representative if necessary, E.G., if patient is a minor or physically or legally incapacitated:

Print Name of Patient's Representative

Print Name of Patient

Signature of Patient's Representative

Relationship or Authority of Patient's Representative

Date Signed

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