

Chiropractic Café *Informed Consent*

I hereby request and consent to the performance of Chiropractic adjustments and other Chiropractic procedures including various modes of physical therapy, and if necessary, diagnostic x-rays on me (or on the persons named below, for whom I am legally responsible: _____) by the Chiropractic doctors and/or anyone working in this office authorized by the Chiropractic doctors.

I further understand that such chiropractic services may be performed by the Elizabeth Pagano-Florez and/or Rick Florez as well as other licensed Chiropractors who may treat now or in the future at this office. I have had/will have an opportunity to discuss with Dr.'s Elizabeth and Rick and/or with other office or clinic personnel the nature and purpose of Chiropractic adjustments and other procedures. I understand the results are not guaranteed.

I understand and am informed that, as in the practice of all healthcare, the practice of Chiropractic carries some risks of treatments; including, but not limited to: fractures, disc injuries, strokes (CVA), dislocations, and sprains. I do not expect the Chiropractor to be able to anticipate and explain all risks and complications. Further, I wish to rely on the Chiropractor to exercise judgment during the course of the procedure which he/she feels are in my best interests at the time, based on the facts then known.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its contents, and by signing below, I agree to the suggestions recommended by my Chiropractor. I intend this consent form to cover the entire course of treatment for my present condition(s) and for any condition(s) for which I seek treatment at this facility.

Print Patient's Name

Signature of Patient

Print Name of Parent/Guardian

Signature of Parent/Guardian