KMM CHIROPRACTIC

INFORMED CONSENT STATEMENT

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 the patient named below, for whom I am legally responsible) by Dr. Kevin M. Muthersbaugh and/or other licensed doctors of chiropractic who now or in the future work at the clinic or office listed above or at any other office or clinic owned and operated by the same.

I have had an opportunity to discuss with the doctor and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

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

I have read, or have had read to me, the above consent. I have also had an 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 care for my present condition and for any future condition(s) for which I seek care.

Patient Signature _____ Date _____

Witness Signature _____ Date _____