## TUCKER CHIROPRACTIC P.C. 320 N.W. Woods Chapel Rd. Ste A. Blue Springs, MO 64015 816.228.8900 Revised 10.01.2014

Patient Name:	D.O.B.:	Date:	154
Consent for Chiropractic Services			
By reading below I have been made aware:			
<ol> <li>The process of delivering a "Chiropractic A a table mechanism, or with an instrument to (legs, arms etc.), often resulting in an audit</li> <li>As an addition to the Chiropractic Adjustmapplied by the chiropractor or by staff under use of light, sound, vibration, electricity, tr.</li> <li>That on occasion some temporary soreness presenting symptoms or initiation of new separation/fracture; and extremely rare, ner process of a Chiropractic Adjustment;</li> <li>That the chiropractor has made no guarante</li> </ol> Additionally:	o the vertebra(e) ble pop or click shent "Supportive er the chiropractor action, motion, be and/or stiffness symptoms; rarely rve or vascular in	of the spine and/or associated structures sound; Therapies and/or Procedures" may be sor's direction or supervision incorporating bracing, nutritional advice, heat, or cold; a may occur; less frequently aggravation of y bruising, swelling, even more rare njury may occur in conjunction with the	g the
1. I have been afforded ample opportunity for questions and answers.			
Therefore by signing below:  I consent to the performance of the diagnostic staff under the direction and supervision of the	-	ž ,	or
I <u>consent</u> to the performance of other diagnos deemed reasonable and necessary by the doctooffice chiropractor(s) involved in my case;	The second secon		
Patient Signature:		-22	

Witness Signature: