JOHN D. MARSHALL, M.D. DANIEL D. SMITH, D.C.

Informed Consent for Chiropractic Treatments and Care

I hereby request and consent to the performance of chiropractic adjustments and other physical medicine procedures, including modes of physio-therapy and diagnostic x-rays on me (or the patient named below, for which I am legally responsible) by the doctor of chiropractic named below and/or other licensed doctors of chiropractic working or associated with or serving as back-up for the doctor of chiropractic named below or any other office or clinic.

I have had an opportunity to discuss with the doctor of chiropractic named below and/or with other office or clinic personnel the nature and purpose 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, disk injuries, strokes, 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 on the doctor to exercise judgment during the course of the treatment which the doctor feels at the time based upon the facts then known, 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 treatment for my present condition and for any future conditions of which I seek treatments.

TO BE COMPLETED BY PATIENT

Patient Name: ______________________________ Signature: _______________________

Date Signed: ______________________ Witness to Signature: ______________________

TO BE COMPLETED BY PATIENT'S REPRESENTATIVE

Patient Name: __________________________ Representative: _______________________

Date Signed: _____________________ Representative Signature: ____________________

Relationship/Authority of Patient's Representative: _______________________________

Witness to Signature: ____