



Silverado Chiropractic
9775 S. Maryland Parkway, Suite A
Las Vegas, NV 89123
Phone: 702.837.0392
Fax: 702.320.4148

Informed Consent to Chiropractic Treatment

I hereby request and consent to the performance of chiropractic adjustments and any other chiropractic procedures including examination, tests, diagnostic radiographs or procedures and physical therapy on me (or on the patient below for which I am legally responsible) which are recommended by the doctor of chiropractic named below and/or other licensed doctor of chiropractic who now or in the future render treatment to me while employed by, working for or associated with, or serving as back up for the doctor of chiropractic named below.

I understand that, as with any health care procedure, there are certain complications which may arise during a chiropractic adjustment. I do not expect the doctor to be able to anticipate all risks and complications and I wish to rely on the doctor to exercise judgment during the course of the procedure(s) which the doctor feels at the time, based upon the facts then known, and are in my best interest.

I have an opportunity to discuss with the doctor named below and/or with office personnel the nature, purpose and risks of chiropractic adjustments and or other recommended procedures and have had my questions answered to my satisfaction. I understand that the results are not guaranteed.

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment and have myself decided that is in my best interest to undergo the chiropractic treatment recommended. Having been informed of the risks, I hereby give my consent to that treatment. I intend this consent form to cover the entire course of the treatment for my present condition and for any future condition(s) for which I seek treatment.

Silverado Chiropractic
9775 S. Maryland Pkwy Ste A
Las Vegas, NV 89183

Dr. Daniel Schultz
Chiropractic Physician

Printed name of Patient

Signature of Patient

Date

Signature of Patient's Representative (if minor or physically incapacitated)

Witness to Patient's Signature

Date