

Benton Chiropractic Clinic
105 North Key Avenue
Lampasas, TX 76550
512-556-8223

Informed Consent for Chiropractic Treatment

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 patient named below, for whom I am legally responsible: _____) by Craig R. Benton, D.C. and/or anyone working in this office authorized by above referenced doctor of chiropractic.

I further understand that such chiropractic services may be performed by the Benton Chiropractic Clinic and/or other licensed Doctors of Chiropractic who may treat me now or in the future at this office. I have had an opportunity to discuss with Craig Benton, D.C., and/or his other staff or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that the results are not guaranteed.

I understand and am informed that, as in the practice of medicine and all healthcare, the practice of chiropractic carries some risks to treatments; including but not limited to: sprains, fractures, disc injury, burns, dislocations, and strokes. I do not expect the doctor to be able to anticipate and explain all the risks and complications. Further, I wish to rely on the doctor to exercise judgment during the course of procedure with the doctor feels are in my best interests at the time, based upon 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 treatment recommended by my doctor. I intend this consent form to cover the entire course of treatment for my present condition(s) for which I seek treatment at this facility.

Printed Name of Patient

Signature of Patient

Signature of Patient's representative if patient is a minor

DATE: _____