INFORMED CONSENT TO CHIROPRACTIC CARE

Eagles Landing Wellness & Chiropractic Center

Stephanie Rytel-Smith, DC

Lauren M. Polk, DC

69 Old Jackson Road

McDonough, GA 30252

Phone: 678-432-3303 Fax: 678-432-3307

Patient Name:_____________________________________ Birth Date: __________________

Please discuss any questions or concerns with the doctor prior to signing this consent.

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 by the doctor of chiropractic named above. I have had the opportunity to discuss with the doctor and/or with other office or clinic personnel the purpose and benefits of the chiropractic adjustments and other treatments outlined below. Alternatives to treatments have been reviewed. Though chiropractic adjustments and treatments are usually beneficial and seldom cause any problem, I understand and am informed that there are some risks to treatment. Risks include, but are not limited to, fractures disc injuries, stroke, dislocation and sprains.

I understand that I may be receiving the following treatments:

- Chiropractic adjustments
- Physical therapy modalities
- Radiographic X-Rays

I understand that chiropractic is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the chiropractic treatment that I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. Dr. Stephanie Rytel-Smith, Dr. Lauren Polk and Eagles Landing Wellness and Chiropractic Center should be held harmless provided any of the above mentioned events occur. I consent to proposed treatment.

____ ________________________

Signature of Patient, Parent, Guardian, or Personal Representative Date

____ ________________________

Please Print name of Patient, Parent, Guardian, or Personal Representative Relationship to Patient