



## BUTLER CHIROPRACTIC REHAB CENTER, INC

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### INFORMED CONSENT TO CHIROPRACTIC ADJUSTMENTS AND CARE

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, on me (or on the patient named below, for who I am legally responsible) by the doctor of chiropractic named above and/or licensed doctors of chiropractic who now or in the future treat me while employed by working or associated with serving as back up for the doctor of chiropractic named above, including those working at the clinic or office listed below or any other office or clinic.

I have had an opportunity to discuss with the doctor of chiropractic named above and/or with other office 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, in the practice of chiropractic there are some risks to treatment, including but not limited to, fractures, disc 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 procedure which the doctor feels at the time, based on 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 condition(s) for which I seek treatment.

**TO BE COMPLETED BY PATIENT OR PATIENTS REPRESENTATIVE, IF NECESSARY, E.G., IF PATIENT IS A MINOR OR PHYSICALLY OR LEGALLY INCAPACITATED:**

_____	_____	____/____/____
Print Patients Name	Signature	Date
_____	_____	____/____/____
Representative	Relationship	Date
Witness to Patients Signature: _____		____/____/____

The signed original is to be filed in the patient's file and a copy is to be given to the patient.