Suwanee Family Chiropractic
525 Peachtree Industrial Blvd Suite D
Suwanee, GA 30024
(770) 831-7556

I hereby request and consent to the performance of chiropractic adjustments, massage therapy and other procedures, including various modes of physical therapy, modalities and diagnostic testing on me (or on the person names below, for whom I am legally responsible) by Suwanee Family Chiropractic and Staff.

I have had an opportunity to discuss with the doctor/facility name below and/or with other office or clinical personnel the nature and purpose of the treatment, modalities, and chiropractic adjustments.

I understand and am informed that as in the practice of chiropractic there are some risks to treatment. I do not expect the doctor to be able to anticipate and explain all risks complications. I wish to rely on the doctors' judgment during the course of these procedures which at this time, based upon current facts known, is in my best interest.

I have read, or have had read to me, the above consent. I have also has the opportunity to ask questions about its content and by signing below I agree to the above named procedures. I intend for this consent form to cover the entire course of treatment for my present condition and for any future conditions which I seek treatment.

_____ _____

Print Patient Name Name of Patients Guardian or Parent

_____ _____

Signature of Patient Signature of Guardian/Parent

_____

Date