

Consent to Chiropractic Services

1. I, _____, authorize the performance upon myself of the following procedure(s): Chiropractic adjustments, Tractioning (to restore normal curves), Posture Specific Exercises, and/or any other therapeutic procedures other than those stated above that Metro Chiropractic and Nutritional Wellness Centre may consider necessary or advisable in the course of my health care.
2. The nature and purpose of the procedures, possible alternatives, the risks involved the possible consequences, and the possibility of complications have been explained to my satisfaction by Metro Chiropractic and Nutritional Wellness Centre.
3. I acknowledge that no guarantee or assurance of the results that may be obtained from the procedure has been given by Metro Chiropractic and Nutritional Wellness Centre.

Date: _____ Signed: _____

Witness: _____