

Informed Consent

Lux Chiropractic
116 Ferguson
Denton, TX 76201
940-565-1200

I hereby request and consent to treatment from Lux Chiropractic including the performance of chiropractic adjustments and other chiropractic procedures, including physical medicine, therapy, and rehab, diagnostic e-rays, examinations or other testing for my condition.

I have had an opportunity to discuss with the doctor of chiropractic the nature and purpose of chiropractic adjustments and other procedures. I fully understand that results are not guaranteed.

I understand and am informed that, as with all treatment, in the practice of chiropractic there are some risks. I do not expect the doctor to be able to anticipate and explain all risks and complication, and I wish to rely upon the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known to him, 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 begin treatment.

I intend the consent form to cover course of treatment for my present condition and for any future condition(s) for which I may continue to seek treatment from this facility.

Patient's Signature _____ Date _____