

Proactive Chiropractic & Acupuncture
4685 W. University, Ste. 100
McKinney, TX 75071
972-562-6330

CONSENT OF PROFESSIONAL SERVICES

I hereby authorize and release the doctor and whomever he/she may designate as his/ her assistants to administer treatment, physical-examination, x-ray studies, laboratory procedure, chiropractic care or any clinic services that he/she deems necessary in my case. I also understand and am informed that, as in the practice of medicine, in the practice of chiropractic and acupuncture there are some risks to treatment including but not limited to fractures, disc injuries, infection, strokes, dislocations, soreness, and sprains. I have read, or 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 content form to cover the entire course of treatment for my current condition and for any future condition(s) for which I seek treatment.

Patient Signature: _____ **Date:** _____

Witness: _____