



Chiropractors seek to restore health through natural means, without the use of drugs or surgery. The examination you will receive today is designed to detect subluxations in your spine. Subluxations are spinal misalignments causing nerve interference decreasing the body's ability to heal itself. If the tests performed today reveal subluxations in your spine, x-rays may be needed to determine the best approach to correcting the misalignments and to rule out any hidden injuries or pathologic processes in the involved area. Spinal x-rays help us to:

- Determine if yours is a chiropractic case
- Determine the most effective technique for your spine
- Determine the length of time necessary to correct any subluxations found

Following your examination, we will do what we can to start the healing process and give you some relief.

Informed Consent

I understand there is a material risk (inherently involving known risk of bodily harm) 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 all risks and complications, and I do wish to rely on the doctor to exercise judgment during the course of my care. I have read and understand the above consent and have had an opportunity to ask questions about its content. I understand and agree that health and accident insurance policies are an arrangement between my insurance carrier and myself, not between my insurance company and this office. I authorize this office to release any medical information and to complete any usual and customary reports and forms to assist in collecting from my insurance company. I assign any insurance benefits for my family or myself be paid to Innovative Pain and Wellness. I understand that I am responsible for all services rendered in this office. I understand I will be receiving chiropractic care with the objective of removing subluxation to eliminate nerve interference. I therefore accept chiropractic care on this basis.

Print patient name

Signature of patient

Date