

KANG CHIROPRACTIC CLINIC LLC
3585 Peachtree Ind. Blvd #102
Duluth GA 30096
(770) 495-0014

Consent to Chiropractic & X-ray

1. I, _____, authorize the following procedure(s)

Adjustment, Electrical Stimulation, Cold/Hot Pack, Ultrasound, Traction Mechanical

2. I also consent to the performance of other diagnostic and therapeutic procedures in addition to or different from stated above, whether or not arising from presently unknown conditions, that the above clinic doctors and associates or assistants may consider necessary or advisable in the course of my health care.

3. 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 the above named clinic doctors, associates, or assistants.

4. I acknowledge that no guarantee or assurance of the result that may be obtained from the procedure has been given by the above clinic doctors, associates, or assistants.

5. The under signed patient hereby authorizes a diagnostic x-ray examination Which the above Clinic Doctor or his/her associates may consider necessary or advisable in the course of examination or treatment.

Signed: _____

Date: _____