DELTA WELLNESS GROUP
Chiropractic • Nutrition • Massage

Dr. Glen Alis, D.C. , C.N.S.
Dr. Supna Alis, D.C. , C.N.S.

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, and in cause and prevention of disease." - **Thomas Edison**

INFORMED CONSENT FOR CHIROPRACTIC TREATMENT AND CARE

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physiotherapy, on me (or on the patient named below, for whom I am legally responsible) by the doctor or intern affiliated with Delta Wellness Group.

I understand that, as in the practice of medicine, in the practice of chiropractic care there are some risks to treatment, including but not limited to fractures, disc injuries, strokes, dislocations, and sprains. I do no expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based on facts then known, is in my best interest.

I have read, or have had read to me, the above consent. By signing below I agree to the above and allow the doctor or intern affiliated with Delta Wellness Group to perform such. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Signature of Patient, Parent, Guardian or Personal Representative	Date
(Please Print) name of Patient, Parent, Guardian or Personal Representative	Relationship to Patient

CONFIDENTIAL
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