

Dr. Jane Torrie, Chiropractor
7801 South I-35 E Suite 105
Corinth, TX 76210

Informed Consent and Financial Responsibility Form

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy on me (or on the patient named below, for whom I am legally responsible) by the Doctor of Chiropractic named above and/or other licensed Doctors of Chiropractic who now or in the future work at the clinic or office listed below or any other office or clinic.

I have had an opportunity to discuss with the Doctor of Chiropractic named below and/or with other office or clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that results are not guaranteed.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks 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 and explain all risks and complications, 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 or her, 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 the above-named procedures. 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.

I further understand and acknowledge that I am financially responsible for timely payment of any and all fees related to the above mentioned treatments and agree to pay the charges promptly. If there is a third party payer involved, I agree to the assignment of benefits.

_____ initial and date.

_____ Date _____

Patient Signature

_____ Date _____

Parent Signature, if patient is under 18

Dr. Jane Torrie, DC

Date _____

Witness Signature