

Advanced Fitness Chiropractic
Office of Chung Lim, DC
2233 Huntington Dr. #9, San Marino, CA 91108
Tel: (626)441-1800 FAX: (626)441-1802
www.AdvancedFitnessChiropractic.com

Informed Consent to Treat

I hereby consent to chiropractic treatment and other procedures, including various modalities such as but not limited to, electric-stimulation, ultrasound, and laser on me (or on the patient named below, for whom I am legally responsible) by Dr. Chung Lim and/or other licensed doctors of chiropractic who now or in the future work at the clinic listed above.

I have had an opportunity to discuss with the doctor of chiropractic named above 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 soreness, sprain/strains, and on rarest of occasions fractures, disc injuries, and stroke. 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.

Patient Signature _____ Date _____

Print Name _____