INFORMED CONSENT

PATIENT NAME:	
Clinic Name: Chiropractic Health and	Wellness
Doctor's Name: <u>Dr. Clydell Adams, D.C</u>	<u>2.</u>
Address: 1615 Precinct Line Rd. Ste.	104, Hurst TX 76054
Phone: <u>817-503-2188</u>	Fax: <u>817-479-7733</u>
	our body in such a way as to move your joints. This procedure ustment" As the joints in your spine are moved, you may
are not limited to: muscle strain, cervical myelopathy, Bernard-Horner's Syndrome (also known as oculosymp	sult of a spinal manipulation. These compilations include, but, disc and vertebral injury, fractures, strains and dislocations, pathethetic palsy), costovertebral strains and separation. Rare The most common complication or complaint following spinal ment.
precautions include, but are not limited to my taking a c	to minimize their occurrence I will take precautions. These detailed clinical history of you and examining you for any defect may include the use of x-rays. The use of x-ray equipment nt, you should tell me when I take you clinical history.
DATE:	Printed Name
	Signature
	Signature of Parent or Guardian (if a minor)