



Thompson Chiropractic & Acupuncture

Dr. Tommy R. Thompson
208 Walnut St.
Lawrenceburg, IN 47025
(812) 577-0289

Consent to Chiropractic and/or Acupuncture Services for Adults/Minors

- 1) _____, authorize the performing upon
(patient name)
myself OR my _____, _____ of the
(relationship if minor) (name of minor)
following: exam, x-rays, Report of Finding, manipulation, ancillary therapies, or
acupuncture to be performed by or under the direction of Dr. Tommy R. Thompson, D.C.
- 2) I also consent to the performance of other diagnostic and therapeutic procedures in
addition to or different from those stated above, whether or not arising from presently
unforeseen conditions, that the above-named doctor, associates or assistants, may
consider necessary or advisable in the course of chiropractic health care.
- 3) The nature and purpose of the procedures, possible alternatives, the risk involved, the
possible consequences, and the possibility of complications have been explained to me
by the above-named doctor and/or his associates and assistants.
- 4) I acknowledge that no guarantee or assurance as to the results that may be obtained
from the procedure has been given by the above-named doctor, his associates or
assistants.

Signature of Patient

Date

Signature of Parent of Guardian if Minor

Date