



Amory Chiropractic

Informed Consent to Chiropractic Care

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays on me (or on the patient named below, for whom I am legally responsible) by Dr. Thomas D. Fugett III and/or any other licensed doctor(s) of Amory Chiropractic by whom I may be treated in the future.

I have had an opportunity to discuss with Dr. Thomas D. Fugett III the nature and purpose of chiropractic adjustments and other procedures.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to exam and 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 complication, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels 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 may seek treatment at this Amory Chiropractic.

To be completed by patient:

Print Name _____

Signature _____ Date _____

(guardian sign if patient is a minor)

To be completed by doctor or staff:

Name of doctor treating this patient:

Thomas D. Fugett III, D.C.
60387 Cotton Gin Port Rd. Suite 3
Amory, MS 38821

Thomas D. Fugett III, D.C.

Witness to Patient's Signature

Date