



bio-mechanics OF LAS VEGAS
"Results Driven Health Care"

I understand that, as in the practice of medicine, in the practice of other clinical therapies there are some risks to treatment. I understand that if I receive chiropractic treatments the most common risks are temporary aggravation of my condition and/or soreness.

I do not expect the Chiropractic Physician to be able to anticipate and explain all risks and complications, and I wish to rely on him or her to exercise judgment during the course of the procedure which he or she feels at the time, based on the facts then known, is in my best interest. I acknowledge that during the course of my care I may receive chiropractic adjustments, Active Release Techniques®, physical therapy modalities both passive and active.

I have read, or have had read to me, the above consent and completely understand the treatment I will receive by the practitioners of Bio-Mechanics of Las Vegas and hereby consent to receive treatment.

Signature

Date

Print Name

Parents Signature if under 18

Parents Printed Name

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