

PATIENT CONSENT FORM

DR. JEROME S. WITTNER
5 CATALPA RD
NEWBURGH, NEW YORK 12550

I hereby request and consent to the performance of chiropractic adjustments on me.

I will have an opportunity to discuss with Dr. Wittner the nature and purpose of chiropractic adjustments. I understand that results are not guaranteed.

I understand and am informed that, as in practice of medicine, in the practice of chiropractic there are some risks to 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 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, is in my best interest.

I have read, or have had it 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 procedure. 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 _____