

**CONNEAUT LAKE CHIROPRACTIC
CONSENT TO TREATMENT**

I, the undersigned, hereby authorize Conneaut Lake Chiropractic Center to administer treatment as it so deems necessary in the course of my chiropractic health care. I understand that this treatment may include, but is not limited to, palpation, spinal examination, orthopedic and neurological examinations, x-rays, chiropractic adjustments, and trigger point therapy. Further, I understand that chiropractic care is not a substitute for medical care, nor is it intended to diagnose, treat, or cure any disease, condition, ailment or medical condition.

Patient's Signature _____ Date _____

Witness' Signature _____ Date _____