



FLAGLER
CHIROPRACTIC, P.A.
DR. ADAM LEMNOUNI, D.C., CCSP

Tel: 386-439-9001
FAX: 386-439-9002

INFORMED CONSENT FOR CHIROPRACTIC CARE

I _____, in coming to Flagler Chiropractic, P.A. give Dr. Adam S. Lemnoui, D.C. and associates permission and authority to care for me in accordance with chiropractic tests, diagnosis and analysis. The chiropractic adjustments or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor will not give any treatment of health care if he (she) is aware that such care may be contra-indicated. Again, it is the responsibility of the patient to make it known, or to learn through healthcare procedures whatever he (she) is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of Dr. Lemnoui. Dr. Lemnoui provides a specialized, non-duplicating healthcare service. Dr. Lemnoui is licensed in a special practice and is available to work with other types of providers in your healthcare regime.

I understand if I am accepted as a patient by Dr. Lemnoui, D.C. at Flagler Chiropractic, P.A., I am authorizing him to proceed with any treatment that may be necessary. Furthermore, any risk involved, regarding chiropractic treatment, will be explained to me upon my request.

Patient Signature: _____

Date: _____