



COASTAL INTEGRATIVE HEALTH

One Patient, Multiple Solutions

728 Village Rd. SW
Shallotte, NC 28470
(910) 755-5400
(910) 755-5402 fax
www.coastalhealthnc.com

Consent to Chiropractic Care

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures on me or on the below named minor child by Brian Lank, D.C., James Morosky, D.C. and/or Paul Hrvol, D.C.

I have had the opportunity to discuss with Brian Lank, D.C., James Morosky, D.C., Paul Hrvol, D.C or other clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that the practice of neither chiropractic nor medicine is an exact science and that my care may involve the making of judgements based upon the facts known to the doctor at the time; that it is not reasonable to expect the doctor to be able to anticipate or explain all risks and complications; that an undesirable result does not necessarily indicate an error in judgement; that no guarantee as to results has been made to nor relied upon by me, and I wish to rely on the doctor(s) to exercise judgement during the course of the procedure(s) which he/she feels at the time, based upon the facts then known, is in my best interests.

I have also been advised that although the incidence of complications associated with chiropractic services is very low, anyone undergoing adjusting or manipulative procedures should know of possible complications, which have been alleged. These include, but are not limited to, fractures, disk injuries, strokes, dislocations, sprains, and those which relate to physical aberrations unknown or reasonably undetectable by the doctor(s).

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, acknowledge my understanding of its contents.

Date: _____

Patient Name

Patient Signature

Relationship or authority if not signed by patient

Signature of Doctor or staff