



Avon Park Chiropractic Clinic  
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W. Patrick Danzey, D.C.P.A. • David A. Boersma, D.C.P.A. • David J. Marinock, D.C.

**Informed Consent for Treatment**

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I hereby request and consent to the performance of chiropractic manipulation and other chiropractic procedures, to include, but not limited to, various modes of physical therapy, diagnostic X-rays, spinal decompression, physical examination, or any other medical procedures performed on myself or on the patient

\_\_\_\_\_, for whom I am legally responsible, by Avon Park Chiropractic Clinic’s Chiropractic Physicians: W. Patrick Danzey, D.C.P.A., David A. Boersma, D.C.P.A., and David J. Marinock, D.C. as well as any other associate of Avon Park Chiropractic Clinic.

I understand that I have the opportunity to discuss the nature and purpose of chiropractic manipulations and other procedures with Chiropractic Physicians: W. Patrick Danzey, D.C.P.A., David A. Boersma, D.C.P.A., and David J. Marinock, D.C. I understand that Avon Park Chiropractic Clinic cannot guarantee that I will respond to treatment; no doctor can guarantee a cure for any disease or condition.

I understand that, as in the 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 on the doctor to exercise judgement during the course of the procedure which the doctor feels at the time, based upon the facts then known, and is in my best interest. Alternative treatment may include: medication, surgery, or physical therapy procedures. As with any of these alternative procedures there are risks. If no treatment is sought, the condition could get worse, remain the same, or improve.

I have read, or have had read to me, the above consent for treatment. I understand that I will have the opportunity to ask questions about its content and by signing below I agree to the above named procedures.

\_\_\_\_\_  
Signature of Patient, Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship