



LOW BACK CLINIC

Specialized Care For Severe Neck & Back Pain

Dr. Jeff Goldsworthy, HBSc. D.C & Dr. Ryan Larson, BSc. D.C.
168K Lexington Court
Waterloo, ON N2J 4R9

Etobicoke

Vaughan

Richmond Hill

Downtown

Bowmanville

Waterloo

Informed Consent

I hereby request and consent to the performance of chiropractic procedures (eg. Spinal Decompression) and if necessary diagnostic X-Rays on me by the doctor of chiropractic named below and/or anyone authorized by the same doctor.

I further understand and am informed that, as in all health care, there are some slight risks to treatments and do not expect the doctor to be able to anticipate and explain all the risks and combination; and wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interest.

I have read this consent and intend this consent form to cover my entire course of care for this condition and any care in the future.

Patient Signature: _____

Patient Name (Print): _____ Date: _____

Dr. Jeff Goldsworthy: _____

Dr. Ryan Larson: _____