



Advantage Healthcare of Spartanburg
1205 John B. White Sr. Blvd. Spartanburg, SC 29306
864-574-684 Dr. Ven Korikov

CONSENT FOR CHIROPRACTIC CARE

I hereby request that Dr. Korikov provide chiropractic services for me (or my minor child). I have read and understand the following:

1. The purpose of chiropractic care is the location, analysis and correction of vertebral subluxations for the restoration of normal nerve functioning.
2. Chiropractic is a separate and distinct profession, and is not the practice of medicine; therefore, diagnosis of medical conditions is not a primary goal.
3. The D.C.'s do not give, nor do they discourage me from receiving medical advice. If they deem advisable, they will refer me for medical advice.
4. Our D.C.'s use only chiropractic methods that are taught in an accredited college and they will select appropriate techniques for my spine and the subluxations they find.
5. Chiropractic adjustments are exceedingly safe when applied properly; however; all actions in life come with some risk, including chiropractic adjustments.
6. Although the risks are minimal, there have been rare reports of vertebral artery damage, fractures and aggravation of disc conditions associated with chiropractic procedures.
7. That is because a small force is introduced into the spine during an adjustment, there may be temporary minor musculoskeletal discomfort.
8. That I am invited to ask any questions or express any concerns that I may have.
9. That I am free to present a written withdrawal of my consent and discontinue care at any time.

Print Patient Name: _____

Date: _____

Patient Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____