



PATIENT INFORMED CONSENT: SAMPLE FORM – Please modify for your own use.

Patient Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____

I, (Patients Name) _____ a patient at

(Office Name) _____

acknowledge

(Intern’s Name) _____ is an unlicensed Chiropractic Student Intern assigned to this office in cooperation with Palmer College of Chiropractic. I understand that the Student Intern is not a licensed Doctor of Chiropractic but is practicing under the supervision of a licensed doctor in this office as part of an educational program.

Patient/Guardian Signature

Date

Doctor’s Signature

Date

Intern’s Signature

Date