

PATIENT INFORMED CONSENT

Patient's Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ / _____ / _____ Social Security # _____
M / D / Y

I, (Patient's Name) _____ a patient at

(Office Name) _____ am aware that

(Intern's Name) _____ is an unlicensed Chiropractic Intern

assigned to this office in cooperation with Palmer College of Chiropractic. I understand that the Intern is not a licensed Doctor of Chiropractic, but is practicing under the direct supervision of a licensed Doctor of Chiropractic in this office as part of an educational program.

Patient's/Guardian's Signature

Date

Doctor's Signature

Date

Intern's Signature

Date