TENNESSEE CHIROPRACTIC ALLIANCE
CONSENT TO TREAT

I hereby authorize the Doctors to treat my case as they deem appropriate through the use of physical rehabilitation, manual therapy, chiropractic manipulation of the spine, nutritional support, and diagnostic testing. I realize the goal of holistic health care is to strengthen the patient's body in order to heal themselves.

I understand and agree that I am responsible for all bills incurred at this office.

Signature: _____

Date: _____

Tennessee Chiropractic Alliance
All rights reserved