

Cedar Chiropractic Physicians LLC
4141 SE Harrison Street Milwaukie, OR 97222
p. 503.635.2232 f. 503.305.8815

Patient Informed Consent Form

Name _____ Date _____

Address _____

City _____ Zip _____ Phone _____

I, the undersigned, hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physiotherapies, physiological therapeutics (e.g. vitamin/mineral supplementation, botanicals homeopathic preparations, etc.), and diagnostic X-rays, on me (or the patient named above, for whom I am legally responsible) by Dr. Fred Seater, and/or his relief doctor who now or in the future treats me in the office.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic, there are some rare risks to treatment, including but not limited to sprain and strains, fractures, strokes, general aggravations of inflammatory conditions, nutrient-drug and nutrient-nutrient interactions. I understand that I will have an opportunity to discuss with the doctor the nature and purpose of chiropractic adjustments and other procedures. I understand that the doctor will perform an exam in order to minimize any risk of care, however, I do not expect the doctor to be able to anticipate and explain all risk and complications. I therefore wish to rely on the doctor to exercise professional judgement during the course of the procedure which the doctor feels at the time, based upon the facts as then known, is in my best interests. Finally, I understand that Dr. Fred Seater gives no guarantee or assurance as to the results of his procedures.

In the event the undersigned has a dispute with Dr. Fred Seater or his staff about the quality of service, the undersigned agrees that such dispute shall be submitted to arbitration, according to Title 3, Sections 36.310 et seq of the Remedial Code, Oregon Rules of Civil Procedure, before a neutral arbitrator to be selected by the parties or appointed by the court. Arbitration shall occur in Clackamas County, Oregon, may be compelled by petition of either party to the court, and any award resulting from such arbitration shall become binding on the parties, upon confirmation by the court. This arbitration clause shall not prevent Dr. Fred Seater from any action in any court to collect a debt owed by the undersigned. In the event of arbitration and/or litigation, the prevailing party shall recover reasonable attorney fees from the adverse party.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment.

By signing this document also agrees that I have read the Notice of privacy practices

Patient's / Guardian's Signature

Date

Doctor's Signature

Date