



Dr. Steven N. MacDonald, D. C.
www.drmacnucca.com
drnucca@att.net

718 Lighthouse Avenue Suite A
Pacific Grove, Ca 93950-0516
(831) 375-9528 (Fax) 375-9525

INFORMED CONSENT FORM

The Undersigned patient hereby requests and consents to examination and analysis by Dr. Steven N. MacDonald relating to the Atlas Subluxation Complex and its Syndrome.

This request includes, but is not limited to, permission for Steven N. Macdonald to perform chiropractic examinations, radiographic studies, and adjustments as may be determined to be appropriate by him.

The undersigned patient understands that Dr. Steven MacDonald has concentrated his practice on the analysis and adjustment of the Atlas Subluxation Complex and its Syndrome. The Atlas Subluxation Complex is a stressor to the Central Nervous System and causes displacement of the patient's center gravity from the vertical axis. This can also affect the peripheral nerves that radiate throughout the body. Spinal and body distortion can then develop. Adjustments are delivered **ONLY** when the stressor at the brain stem level is detected. Adjustments are not necessarily given on every visit.

Adjustment of the Atlas Subluxation Complex does not address all aspects of health. I understand that Dr. Steven N. MacDonald strongly recommends that appropriate health care professionals be consulted for overall diagnosis as needed.

The risks and possible consequences of the adjustments and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been given by anyone as to the results of the adjustments. I am aware that the success of any case depends on factors beyond the control of the Doctor of Chiropractic, including compliance by the patient with all instructions and directions.

I have read and understood this **INFORMED CONSENT** and have had the opportunity to ask questions concerning this form and possible care.

Payment is due and payable in full after services are rendered. Any past-due amount owed after 60 days will have an 1.5% service charge applied.

DATE _____

PATIENTS NAME _____

PATIENT SIGNATURE _____