

RUBIN HEALTH CENTER

1500 DR. M.L. KING JR. ST. N

ST. PETERSBURG, FL 33704

PHONE 727-822-1555

Fax 727-822-1777

Dr. Scott Rubin

**AUTHORIZATION FOR CHIROPRACTIC TREATMENT
AND
INFORMED CONSENT**

I hereby authorize the above named doctor/clinic to administer treatment to me and perform therapy and chiropractic manipulation.

I also authorize additional procedures as the above named doctor/clinic may consider necessary on the basis of findings and determinations made during the course of treatment.

I certify that I have read and fully understand the above Authorization for Chiropractic and/or Massage Treatment. I also certify that I understand, although rare, there are inherent risks and possible complications of chiropractic treatment including, but not limited to, stroke and even death.

Print Name

Signature

Date _____