

**ALL CARE CHIROPRACTIC AND WELLNESS CENTER**

**JASON KOCH, DC AND KAJAL JOSHI, DC**

**4600 WALNUT STREET  
MCKEESPORT, PA 15132  
412-751-3333**

**304 LONGMORE DRIVE  
MARS, PA 16046  
724-591-8288**

**CONSENT TO CARE**

A patient coming to the doctor gives him/her permission and authority to care for the patient in accordance with appropriate tests, diagnosis, and analysis. The clinical procedures performed are usually beneficial and seldom cause any problem. In rare cases underlying physical defects, deformities or pathologies, may render the patient susceptible for injury. The doctor, of course, will not provide specific healthcare, if he/she is aware that such care may be contraindicated. It is the responsibility of the patient to make it known or to learn through health care procedures from whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the physician.

I have read and understand the foregoing.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date