



Dr. Dave W. Pool, B.S., D.C.
2403 Santa Fe Drive #7
Pueblo, Colorado 81006
Phone: (719) 543-7894

CONSENT FORM

I _____ voluntarily consent to and authorize the rendering of care by Dr. David W. Pool and his chiropractic staff. I understand that I am under the care and supervision of David W. Pool D.C. and it is the responsibility of his chiropractic staff to carry out any and all instructions of Dr. Pool. I certify that no guarantee or assurance has been given as to the results that I may obtain with my treatment.

I understand that the type of care that I will be given but not limited to are; new patient exam, chiropractic therapies, chiropractic manipulations, chiropractic diagnostic, non-invasive procedures, x-rays and nutritional supplement care.

Signature

Date