

Testimonial Informed Consent

West Edmonton Family Chiropractic Centre
#203, 9670-142 St Edmonton, Ab T5N 4B2
Tel: 780-484-2272

I hereby testify that the testimonial statements given to A.D.I.O. Chiropractic Centre are true, to the best of my knowledge, and permit this information to be used for the purposes of patient education.

Print Patient Name

Signature (Parent or Guardian if applicable)

Witness

Date