

**Declaration of Informed Consent
Pursuant to Idaho Statutes, Title 54 (Professions, Vocations, and
Businesses), Chapter 18 (Physicians and Surgeons)**

I, _____ fully understand that
(print your name)

Peter Zeischegg is licensed to practice chiropractic in the State of California but he is not licensed to practice chiropractic, medicine, or any other healing art in the State of Idaho.

I further fully understand that Peter Zeischegg:

- **Received a Dipl. Ing. Degree (equivalent to a Masters Degree) in civil engineering from the Technical University, Berlin, Germany.**
- **Received a Doctor of Chiropractic (DC) degree from Life Chiropractic College West, Hayward, California.**
- **Is currently licensed to practice chiropractic in the State of California.**
- **Was in private practice for 25 years in the State of California.**
- **Is a Diplomate of the American Chiropractic Neurology Board.**
- **Is not an M.D., D.O., or other licensed health-care provider licensed under the provisions of Title 54 of the Idaho Statutes.**

I have sought out Peter Zeischegg, on my own free will, so that he may administer treatment and/or provide advice regarding my or my child's body and its function, subject to the limitations stated In Title 54 of the Idaho Statutes.

SIGNATURE

DATE

ADDRESS