

Total Body Chiropractic

CONSENT FOR TREATMENT OF MINOR

I (We) being the parent, guardian or custodians of _____
_____ a minor, the age of _____, do hereby authorize,
request and direct Dr. _____ to perform in
his judgement any necessary examination, xray, and chiropractic
treatment for the condition.

Parent, guardian or custodian

Dated

Parent, guardian or custodian

Dated

Witness

Witness