

CONSENT FOR TREATMENT OF MINOR



Villines Chiropractic
Dr. F. Scott Villines
2200 Los Rios Blvd., #127
Plano, TX 75074
972-424-4266

Date _____

I hereby authorize:

and whomever he or she may designate as assistants to administer examinations and chiropractic care as deemed necessary to:

_____	_____
Minor Patient's Name	No.
_____	_____
Signature of Parent or Guardian	Date
_____	_____
Witness	Date

Remarks: _____
