CONSENT FOR TREATMENT OF MINOR

VILLINES CHIROPRACTIC
Dr. F. Scott Villines, D.C.
2200 Los Rios Blvd., #127
Plano, TX 75074
972-424-4266

Date: _____

I hereby authorize:

Dr. F. Scott Villines

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

_____ _____
Minor Patient's Name No.

_____ _____
Signature of Parent/Guardian Date

Marnie Villines _____
Witness Date

Remarks:

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