

CONSENT TO TREATMENT OF MINOR

I (We) being the parent or guardian of _____,
a minor, the age of _____ do hereby consent, authorize and request
Dr. _____ to administer such treatment deemed
advisable, necessary or requested on the above minor.

I (We) agree to hold the doctor free and harmless from any claims,
suits for damages or complications which may result from such
treatment.

Signed _____ Date _____
PATIENT OR GUARDIAN

Witness _____

Bivolcic/Roe Chiropractic Corporation

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