



Team Lopez Chiropractic

CONSENT FOR TREATMENT OF A MINOR

I (we) being the parent/s, guardian or custodian of _____

a minor at the age of _____, do authorize, request and direct

Dr. Nasly M. Lopez or Dr. Francisco Lopez to perform in their judgement

any necessary examination, x-ray and chiropractic treatment for the

condition.

Parent, Guardian or Custodian Signature

Date

Parent, Guardian or Custodian Signature

Date

Witness Signature

Date