

Dr. Chris DeGraw, DC, CCSP
Certified Chiropractic Sports Physician

Dr. Dorothy Fensterer, DC
Chiropractor



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CONSENT TO TREATMENT OF A MINOR CHILD

I hereby authorize the doctor at DeGraw Chiropractic Center and whomever he/she may designate as his/her assistants to administer treatment as he/she so deems necessary to my (circle one) Son / Daughter, (name)_____.

Dated at the DeGraw Chiropractic Center Inc., this _____ day of _____, 20_____.

Signature: _____

Witnessed: _____