

Commonwealth Family Chiropractic

Dr. Paul W. Eriksen, D.C.

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Phone (270) 358-7070 ~ Fax (270) 358-4617

Consent to Treatment of Minor

I hereby authorize Dr. Paul Eriksen, D.C.,
and whomever he may designate as assistants
to administer chiropractic as deemed
necessary to my _____ (relationship),
_____ (name of minor).

Signed: _____

Name: _____

Relationship: _____

Witnessed: _____

Date: _____