

Better Health Chiropractic

Dr. Reed Pryor D.C.

Dr. Chad Buss D.C.

1955 LaPorte Rd

Waterloo, IA 50702

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Better Health Chiropractic, and whomever they may designate as doctors and assistants to examine and administer treatment as they do deem necessary to

my: _____, _____.
(relationship) (patient name)

I also understand that as this minor's parent or legal guardian **I am financially responsible for any and all services provided.**

DATED THIS _____ DAY OF _____, 20_____

SIGNED: _____

PRINTED NAME: _____

DATED: _____

WITNESS: _____