

Consent for Treatment of a Minor

I hereby authorize:

Dr. Rodney D Langel, D.C.

And whomever he may designate as assistants to administer examinations and chiropractic care as deemed necessary to:

_____	_____
Minor Patient's Name	Patient No.
_____	_____
Signature of Parent or Guardian	Date
_____	_____
Witness	Date

Remarks:
