Accelerated Chiropractic & Natural Healing Center, LLC

Randy Hamling, D.C
707 Atlantic Ave.
Morris, MN 56267
(320) 585-7246
acceleratedchiro@gmail.com

CONSENT TO TREAT A MINOR

I hereby authorize Accelerated Chiropractic & Natural Healing Center, LLC to administer care as deemed necessary to:

_____
(Patient Name)

Relationship to patient ☐ Parent ☐ Legal Guardian

Name (print) _____

Signature _____ Date ___/___/____
MM DD YYYY