

Hurst Chiropractic, P.C.

1120 GRANT ROAD EAST WENATCHEE, WASHINGTON 98802 (509) 884-7163 Fax: (509) 884-2363 Website: www.hurstclinic.com

Authorization for Treatment of a Minor

I am the parent or legal representative of _____, who is a minor, _____ months / years of age. I authorize the performance of diagnostic x-ray examination, surface electromyography and thermography scans, and chiropractic treatment to be rendered by Dr. Thomas R. Hurst or Dr. Chad R. Hurst or Dr. Jason Gutzwiler and that the following persons may seek treatment for the above captioned minor in my absence: _____

Signature

Date

HCC -7-5-11 - Forms/Intake Forms/Authorization to Treat Minor

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Authorization for Treatment of a Minor

I am the parent or legal representative of _____, who is a minor, _____ months / years of age. I authorize that massage therapy be rendered Tiffany Reeves, LMP, Sharon Wood, LMP, Caryn Goulden LMP, Alondra Preciado, LMP or Lisa Sparks, LMP and that the following persons may seek treatment for the above captioned minor in my absence: _____

Signature

Date

HCC- 7-5-11
Forms/Intake Forms/Authorization to Treat Minor-LMP and chiro