

TOTAL BODY CHIROPRACTIC

CONSENT FOR TREATMENT OF MINOR

I being the parent, guardian, or custodian of _____
_____ a minor, the age of _____, do hereby
authorize, request, and direct Dr. Mark Franicevic to perform in his judgement any
necessary examination, x-ray, and chiropractic treatment for the condition needed
on the minor named above.

Signature

Date