

WUNDERLICH CHIROPRACTIC CLINIC, P.A.
Chance A. Wunderlich, D.C.

TELEPHONE NUMBER (239) 540-9888
TELECOPIER NUMBER (239) 540-9889

CONSENT TO TREATMENT OF A MINOR CHILD

I, hereby authorize **CHANCE A. WUNDERLICH, D.C.** of **WUNDERLICH CHIROPRACTIC CLINIC, P.A.** to administer chiropractic care which may include the use of diagnostic x-rays of my child to make a complete study and analysis of the present problem (or illness).

Signed at Cape Coral, Lee County, Florida the _____ day of _____, 20____.

Patient Name _____

Parent/Guardian Signature _____

Witness Signature _____