

Comprehensive Chiropractic & Sports Injury Center, P,C,

Dr. Doug Obetz, D.A.C.B.S.P.

Diplomate of the American Chiropractic Board of Sports Physicians

Dr. James Kennedy, C.S.C.S.

Certified Strength & Conditioning Specialist

CONSENT TO TREAT MINOR PATIENT

I do hereby authorize Dr. Obetz / Dr. Kennedy and whomever they may designate as their assistant(s) to administer chiropractic care as they deem necessary to my child _____
_____. I authorize this office to process all claims for said minor child as stated above and understand that any unpaid balance is my responsibility.

Date_____ Patient/Guardian Name_____

Printed Name_____ Witness_____

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