



Stemen Chiropractic Clinic, Inc.
Michael T. Stemen D.C.

CONSENT TO TREATMENT OF A MINOR

I hereby authorize **Dr. Michael Stemen** and whomever he may designate as his assistants to administer a Chiropractic examination, as well as any reasonable treatment he deems necessary to _____ [Minor's name].

Dated this ____ day of _____, 20____.

Parent/Legal Guardian

- 1601 Allentown Rd. • Lima, Ohio 45804 •
- Office-227-8700 • Fax-227-9400 •