

Heaney Family Chiropractic
2942 Evergreen Parkway, Ste. 120
Evergreen, CO 80439
303-670-4600

AUTHORIZATION FOR CARE OF A MINOR

I hereby authorize this clinic and its doctor(s) to administer care as they so deem necessary to my son/daughter (upon approval of parent or guardian)

Signed:_____

Witnessed:_____

Date:_____

I realize that I am responsible for all fees charged by this clinic and that I will pay for all services as they are performed. X-Rays remain the property of this clinic.

Date:_____

Signature:_____