

The MANTONYA CHIROPRACTIC CENTERS

Improving Lives with Expert Healthcare since 1971.

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Phone: (740)928-7686
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PARENTAL/GUARDIAN CONSENT FORM

I, _____(parent/legal guardian) give my permission to The Mantonya Chiropractic Center and the Doctors within to perform the necessary diagnostic tests and to render the recommended treatments, thereafter to _____.

A photocopy of this consent Form will be as effective and valid as the original.

Signature_____Date_____

Parent/Legal Guardian

Signature_____Date_____

Witness