

DR. PHILIP ARAGÓN

BACK IN LINE CHIROPRACTIC

MINOR ADJUSTMENT CONSENT

I hereby authorize Dr. Philip Aragón and whomever he may designate as his assistants to administer spinal adjustments as he so deems necessary to my son/daughter _____.

Dated at Back In Line Chiropractic, 4007 N. Flowing Wells Tucson, AZ 85705

This _____ day of _____, 20____
Date month year

Minor's date of birth: _____

Signed: _____

Witnessed: _____