

HONRBERGER WELLNESS & CHIROPRACTIC

JOSEPH P. HORNBERGER, M.S., D.C.

MICHAEL J. HORNBERGER, B.S.,D.C.

CRAIG BOW, B.S.,D.C.

RICARDO MORALES, DOM

4001 Swift Rd., 1st floor

Sarasota, FL 34231

CONSENT TO TREATMENT OF A MINOR

I hereby authorize Dr. Joseph P. Hornberger, D.C., Dr. Michael J. Hornberger, D.C., Dr. Craig Bow, D.C., and Ricardo Morales, DOM and whomever they may designate as their assistants to administer any tests, x-rays and/or treatment as they so deem necessary to my child,

_____. Dated at 4001 Swift Rd., Sarasota, FL

34231 on this _____ day of _____, 20_____.

Parent or Guardian's Name _____

Signature _____