



CONSENT TO TREAT A MINOR

Date: _____

I hereby authorize treating chiropractic physician at Mauricio Chiropractic and whomever he may designate as assistants to administer chiropractic care as deemed necessary to my

_____ (Indicate relationship to minor),

_____ (Name of Minor).

Signature of Parent or Guardian

Witness

Mauricio Chiropractic Downtown
205 East Colonial Drive
Orlando, FL 32801

Mauricio Chiropractic Dr, Phillips
7601 Conroy-Windemere Road
#204
Orlando, FL 32835

Mauricio Chiropractic Conway
4747 S. Conway Road Ste A
Orlando, FL 32812

Mauricio Chiropractic Winter Park
1810 Semoran Blvd Ste 104
Winter Park, FL 32792

Mauricio Chiropractic Pine Hills
1050 Pine Hills Road
Orlando, FL 32808

Mauricio Chiropractic E. Colonial
12278 E. Colonial Dr. Ste 700
Orlando, FL 32826

Mauricio Chiropractic South OBT
12720 S. Orange Blossom Trail #20
Orlando, FL 32837

Mauricio Chiropractic Poinciana
860 Towne Center Drive
Kissimmee, FL 34759