



501 Trophy Lake Drive, Suite 322
Trophy Club, Texas 76262
817-430-0000

MINOR CONSENT FORM

Patient Name: _____

I hereby request and authorize **Dr. Lee Hardin** to perform diagnostic tests, render chiropractic adjustments and other treatment to my minor child named above. This authorization also extends to all other doctors and office staff members and is intended to include radiographic examination at the doctor's discretion.

As of the date below, I have the legal right to select and authorize health care service for the minor child named above.

(If applicable) Under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse/former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

Signature _____ **Date:** _____

Printed Name: _____

Relationship to Patient: _____