

— ANDOVER —
SPINE & HEALTH
A Chiropractic Wellness Center

AUTHORIZATION OF TREATMENT OF A MINOR CHILD

It may be more convenient to have prior authorization in place so that medical care (including x-ray examination) may be delivered directly to minors if a parent or guardian cannot be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment for your minor child in advance.

AUTHORIZATION

I have the legal right to authorize this clinic to provide medical care to my children.

I request and authorize Andover Spine and Health Center and its personnel to deliver medical care to my child listed below:

Name: _____ Date of Birth: _____

Signature (parent or legal guardian): _____

Date: _____

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