

Elite Care Chiropractic
317 N. El Camino Real, Suite 109 • Encinitas, California 92024
Phone: (760) 634-3701 • Fax: (760) 944-7151

Consent to Treat

The information I have given this office is complete and true to the best of my knowledge. I authorize the doctors and staff of Elite Care Chiropractic Center to administer such procedures and treatment as they deem necessary. The doctors have implied no guarantees of cure.

Patient Signature: _____

Date: ____/____/____

Consent to treat a Minor Child

In information I have given this office pertaining to _____ (child's name) is complete and true to the best of my knowledge. I authorize the doctors and staff of Elite Care Chiropractic Center to administer such procedures and treatments as they deem necessary to my son, daughter or ward in my legal custody. The doctors have implied no guarantees of cure.

Patient/Guardian's Signature: _____

Date: ____/____/____

Relationship to Minor Child: _____

Witnessed by: _____