



THE CENTER FOR MANUAL MEDICINE

&

REGENERATIVE ORTHOPEDICS

"We help you, help yourself"

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MINOR CHILD CONSENT FORM

I hereby authorize the Physicians, Therapists, and Staff at
The Center For Manual Medicine and
Regenerative Orthopedics
to examine, evaluate, and treat my son / daughter.

Signed: _____ Date: _____

Witnessed: _____ Date: _____