## Huskey Chiropractic Dr. Rick Huskey \* Dr. Chandler Huskey

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## **Consent For Treatment of Minor**

Date:		
I herby authorize Dr. Rick Huskey and whomever he examinations and chiropractic care as deemed neces		
Signature of Parent or Guardian	Date	
Witness	Date	
Remarks:		
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"Specializing in Orthopedic and Nervous System Disorders Related to the Spine"