

HESTERA CHIROPRACTIC
720-898-5353

David J. Hestera, D.C. 10050 Ralston Road Unit E Arvada, CO 80004

CONSENT FOR THE TREATMENT OF A MINOR

**I hereby authorize Dr. David J. Hestera, D.C. to administer chiropractic treatment as he
deems necessary to my son/daughter, _____.**

Dated this _____ day of _____, 20 _____.

Signed _____

Witness _____