

**Boen Chiropractic, L.L.C.
Christe M. Boen, D.C., C.C.S.P.
115 Clarkson Executive Park
Ellisville, MO 63011
636-386-5900**

CONSENT TO TREAT MINOR

To be completed by parent or guardian if patient is under 18.

Please Print

I, _____, hereby give my permission for
Christe M. Boen, D.C., C.C.S.P., and any staff authorized by her to treat my child,
_____, who is a minor.

Parent or Guardian Signature

Date