Dr. Jason M. Kremer

1693 SW Chandler Ave, Suite 280
Bend, OR 97702
P: 541-383-1000 * F: 541-318-7050

CONSENT TO TREAT A MINOR

I hereby authorize Jason M. Kremer, D.C. to administer chiropractic care as determined necessary to:

Name of child: _____ Age: _____

Relationship to child: _____
This _____ day of _____ 20_____.
City: _____ Sate: _____

_____ _____
Signature of Parent or Guardian Date