## PERMISSION TO TREAT CLIENT

Name:			Date of Birth:
Last	First	Middle	
My signature below i	indicates that I give fo	ull legal permissi	on to be treated.
Adult Client Signatur		_ Date:	
Adult Client Signatui	·e		
DEDMICO	ΙΛΝ ΤΛ ΤΡΕΑΤ	MINOD CII	II D (under eac 19).
PERIVISS	ION IO IREAI	MINOR CH	ILD (under age 18):
Nama of Darant/Laga	l Cuardian		
vaine of 1 at ent/ Lega	i Guai uiaii		
My signature below i	ndicates that I give fu	all permission to	treat my minor child.
v	8		v
		Date:_	
Parent/Legal Guardia	an Signature		