



Dr. Trenton L. Talbitzer, D.C., D.A.B.C.I
Board Certified Chiropractic Internist

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Minor Consent Form

I, _____ give Dr. Trenton Talbitzer, DC, D.A.B.C.I

OR

Platte Valley Chiropractic Acupuncture & Wellness Center, consent to treat my minor dependent

(Minor's Name & Date of Birth)

(Parent or Legal Guardian Signature)

(Date)