



Minor Patient-Consent to Examination and Diagnostic Procedures

I, _____, do hereby represent that I am the parent/legal guardian conservator/managing conservator of _____, age _____, and do hereby authorize Body Tune-Up, Doctors, associates, or assistants to perform upon me examination and diagnostic procedures arising from any current or presently unforeseen conditions, which Body Tune-Up Doctors, associates, or assistants may consider necessary or advisable in the course of my health care.

I understand and agree that Body Tune-Up, Doctors, associates, or assistants have the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process of information gathering so that the doctors of Body Tune-Up can determine whether to accept me as a patient.

Date

Printed Name of Parent or Guardian

Printed Name of Witness

Signature of Parent or Guardian

Signature of Witness

Relationship to Minor