

Life Chiropractic/Back In Action

Bruce D. Stevens D.C.
217-A West Central, Lompoc CA 93436 • 805-737-5656



Mother/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Date of Birth: _____ SSN: _____

DL/ID #: _____ Issued State: _____

Father/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Date of Birth: _____ SSN: _____

DL/ID #: _____ Issued State: _____



AUTHORIZATION FOR CARE OF MINOR

I hereby authorize Life Chiropractic to administer care to my son/daughter.

SIGNED: _____ DATE: _____

WITNESSED: _____ DATE: _____

I realize that I am responsible for all fees charged by Life Chiropractic. I will pay for all services as they are performed. X-Rays remain the property of this office.

SIGNED: _____ DATE: _____

WITNESSED: _____ DATE: _____