



HEALTH OFFERINGS, INC.

Lisa C. Smith, L.Ac., Dipl. Ac. (NCCAOM)

VA License #0121000050

PO Box 8361

Richmond VA 23226

Consent to Treatment of a Minor

I, _____, hereby request and authorize the above named licensed acupuncturist to perform diagnostic tests and render acupuncture services and other indicated Traditional Chinese Medicine techniques to:

_____/_____/_____
(Name of Minor) (Age) (Date of Birth)

who is my child step child ward other: _____

As of this date, I have the legal right to select and authorize health care services for the minor child named above. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

(Signature) (Date)

(Printed Name) (Relationship)