



BACK IN MOTION

Sports Injuries Clinic, LLC

Consent to Treatment of Minor

I (we) being the parent or guardian of _____, a minor, the age of ____ do hereby consent, authorize and request Dr. _____ to administer such treatment deemed advisable, necessary or requested on the above minor.

I (we) agree to hold him/her free and harmless from any claims, suits for damages or complications which may result from such treatment.

Guardian(s) Signature: _____ Date: _____

Back in Motion Credit Card Authorization

If you wish to enjoy the convenience of having your credit card information on file, simply complete and sign the form below. All requested information is required. Upon approval, we will automatically bill your credit card at time of service. Your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time. Your credit card information will be stored in the patient-protected electronic chart.

Name on the Card: _____

Visa Mastercard

Credit Card Number: _____

Expiration date: _____

Card Security code (3-digit code on back): _____

Date: _____

I hereby authorize Back in Motion Sports Injuries Clinic to charge my credit card for total appointment balances and keep my signature on file for future dates of service.

Signature: _____ Date: _____