

This form must be signed, notarized, and returned to us via email to frontdesk@thesperoclinic.com.



DBA SPERO CLINIC

Dr. van der Merwe D.C.
22 Colt Square Dr.
Fayetteville, AR 72703

Phone: (479) 582-5900
Fax: (479) 582-0569

LEGAL GUARDIAN / MEDICAL DECISION MAKING

I _____, as legal guardian, have legal medical
decision-making power over _____.

Notary Seal

Notary Signature: _____

On this day _____ in the month of _____ of the year _____ the above named
personally appeared before me.

Commission Expires: _____

_____/_____

County

State