

This form must be signed, notarized, and returned to us via email to [frontdesk@thesperoclinic.com](mailto: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