

Evans Chiropractic Health Center

William M. Rice, D.C., P.C.

108 SRP DR STE A | EVANS GA 30809-3319 | 706-860-4001

Consent For Treatment Of Minor

I (We) being the parent, guardian, or custodians of _____
a minor, the age of _____, do hereby authorize, request, and direct Dr. William M. Rice, D.C.
to perform in his judgment any necessary examinations, x-rays, and chiropractic treatments for
the condition.

Parent, guardian or custodian

Date

Parent, guardian or custodian

Date

Witness

Date

Specializing in Nerve and Spinal Rehabilitation