



Consent for Treatment of a Minor

I being the parent, guardian or custodian of _____ a minor, the age of _____, do hereby authorize, request and direct Dr. Douglas LaRoss, D.C. to perform in his judgement any necessary examination, x-ray, and chiropractic treatment for the condition.

Signed: _____
Parent, Guardian, or Custodian

Date: _____

Witness: _____

Date: _____

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