



ALEXANDER CHIROPRACTIC CENTER

22930
Three Notch Road
California, MD
20619

Ph: 301-737-4007
FAX: 301-737-4003

14350
Solomons Island
Road, Suite 103A
Solomons, MD
20688

Ph: 410-394-1000
FAX: 410-394-6800



CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Dr. _____

_____ and/or his staff to examine and/or
treat my daughter/son.

Full Name of Child _____

Address _____

Signed _____

Dated _____

Witness _____

Dated _____