

Ray Chiropractic Center, PLLC
Richard S Ray, DC
62 N Stapley Dr.
Mesa, AZ 85203
(480)964-1234

CONSENT TO TREATMENT OF A MINOR

(I)(We), the undersigned parent(s)/person having legal custody/legal guardianship of _____, a minor, do hereby authorize Richard S. Ray, D.C. (Ray Chiropractic Center, PLLC) to administer any x-rays, examinations and chiropractic diagnosis or treatments, which is deemed advisable by Dr. Ray.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis and treatment which Dr. Ray, meeting the requirements of this authorization, may exercise in his best judgment, deem advisable.

This authorization shall remain in effect until the minor reaches 18 years of age unless written notice is received revoking this authorization

Signature of parent/legal guardian _____
Relationship to patient _____ Date _____