



Phone Number: (770) 926 9488  
Fax: (678) 264 2221  
4796 Canton Rd. Suite 400  
Marietta Ga, 30066

### Consent for treatment of a Minor

I, being the parent, guardian or custodian of \_\_\_\_\_, a  
minor (DOB \_\_\_\_\_), do hereby authorize, request and direct  
Dr. Ryan / Jamie to perform in judgment any necessary examination, x-ray  
and chiropractic treatment for the condition.

\_\_\_\_\_  
(Parent, Guardian or Custodian Signature)

\_\_\_\_\_  
(Date)