

Denis G. Duncan, D.C.  
2566 Hwy 42 N  
McDonough, GA 30253

***Duncan Chiropractic***

Office #:  
(770) 914-7003

**CONSENT OF TREATMENT OF MINOR CHILD**

CHILD'S FULL NAME: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

I hereby authorize Denis G. Duncan, D.C., and/or whomever he may designate as his assistant(s), to perform Chiropractic care as he deems necessary to my (circle) son / daughter.

Treatment Location: 2566 Highway 42 North, McDonough, GA 30253

Parent/Guardian: \_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian Phone#

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

