

MICHAEL H. ROGERS, D.C., D.A.B.C.O.
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CONSENT TO EXAMINE A MINOR CHILD

I hereby authorize Dr. Michael H. Rogers, and whomever he may designate as assistants to administer an examination as deemed necessary to my _____ (indicate relationship of child),

(Name of Child)

Dated at _____ MA this _____ day of
(Town)

_____, 20
(Month)

Signed _____
(Parent or guardian)

Witnessed: _____