

THOMAS CHIROPRACTIC CARE

Michael Thomas, D.C.

10252 S. U.S. Hwy. 441, Suite 1

Belleview, Florida 34420

(352) 245-6169

DATE \_\_\_\_\_

I, \_\_\_\_\_ DECLARE MYSELF TO BE THE  
LEGAL GUARDIAN OF \_\_\_\_\_.

I NOW GIVE WRITTEN PERMISSION TO DR. MICHAEL THOMAS TO CARE  
FOR \_\_\_\_\_ INCLUDING HISTORY,  
COMPREHENSIVE PHYSICAL/NEUROLOGICAL EXAM, X-RAYS, AND ADJUSTMENTS  
AS DR. THOMAS DEEMS APPROPRIATE.

SIGNATURE OF LEGAL GUARDIAN \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

WITNESS \_\_\_\_\_