

David W. Frasure, D.C., P.A.
1342 Timberlane Road, Suite 102-B
Tallahassee, FL 32312
Phone: (850) 224-4268
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AUTHORIZATION TO TREAT MINOR CHILD

Patient Name _____ Birth Date _____

As the legal guardian of the above name child, I authorize, David W. Frasure, D.C., to treat this patient.

Today's Date _____

Legal Guardian Name _____

Legal Guardian Signature _____

Witness Name _____

Witness Signature _____

David W. Frasure, D.C., P.A.
1690 Raymond Diehl Road, Suite B-3
Tallahassee, FL 32308
Phone: (850) 224-4268
Fax: (850) 224-4212

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