

ANNAPOLIS FAMILY CHIROPRACTIC
ANTHONY T. RICCI, D.C.
1610 WEST STREET, SUITE 110 ANNAPOLIS, MD 21401
PHONE: 410.263.6331 • FAX: 410.280.9886

CONSENT FOR TREATMENT OF MINOR CHILDREN

I, _____, hereby authorize
(Parent or Legal Guardians Name)

Dr. Anthony Ricci, Dr. Holly Ricci, and whomever he/she may designate as his/her
assistants to administer care as he/she deems necessary to my son/daughter

(Son or daughters name)

PATIENT OR LEGAL GUARDIAN SIGNATURE

DATE

WITNESS (MEMBER OF DR. RICCI'S STAFF)