



MONMOUTH ASSOCIATED SPINE & REHABILITATION CENTER

Karl H. Koovits, D.C.
Jeff LePoidevin, D.C.

49 Kent Road
Howell, New Jersey 07731
Telephone: (732) 901-2928
Fax: (732) 901-3980

CONSENT TO EXAMINE

I, _____ HEREBY GIVE
PERMISSION TO MONMOUTH ASSOCIATED SPINE &
REHABILITATION CENTER TO EXAMINE ME (MY CHILD) FOR
THE PURPOSE OF OBTAINING INFORMATION FOR
CHIROPRACTIC/PHYSICAL THERAPY TREATMENT.

PATIENT SIGNATURE _____
(IF MINOR, SIGNATURE OF PARENT OR LEGAL GUARDIAN)

NAME OF MINOR _____

DATE _____