

William M. Thomas, D.C.

A Chiropractic Corporation

Date _____

Mobile Chiropractic Authorization

I _____ have the authority to allow Dr. Thomas and associates to perform
Print Name
Massage therapy/chiropractic at the following address. _____

We have: A space approximately 5' x 6' or greater.

it is a back room private room open space room.

There is also a(n) Outlet nearby Wireless Internet signal for us to use Cell Phone signal

Parking Instructions: _____

We also use internet access and we will bring our own wireless connection, so if there is no cell phone or wireless capability, please let us know.

Dr. Thomas and associates will not come without permission so,

This serves as a perpetual authorization for Dr. Thomas and associates to come as we request them to, so authorization is not required every time.

or

I will fill out this form again next time since the person who authorizes Dr. Thomas and associates to come may be different every time.

If we are no longer authorized to come, please inform us in writing and the reason for doing so, and fax to the number below.

Signature of authorized person

Title (Supervisor/owner/etc.)

Name of Contact Person
(For confirmation, questions, etc.)

Ext. _____
Phone of contact person.

@ _____
E-mail of Contact person

Please fax this authorization 24 hours prior to our scheduled visit to (562) 304-2917

If you have any further questions, please feel free to call us at (562) 694-BACK (2225) or e-mail us at staff@drtchiro.com.

<http://www.DrTChiro.com>