

CONSENT TO TREATMENT OF A MINOR

I (We), being the parents of _____,
A minor, the age of _____, do hereby consent, authorize and request SPINE
ORTHOPEDIC ACTIVE REHAB to administer such treatment deemed advisable,
necessary or requested on the above minor.

I (We) agree to hold SPINE ORTHOPEDIC ACTIVE REHAB and any of its employees
or agents, free and harmless from any complaints, suits for damages or
complications, which may result from such treatment.

SIGNED _____ DATE _____
(PATIENT)

SIGNED _____ DATE _____
(PARENT OR GAURDIAN)

SIGNED _____ DATE _____
(WITNESS)