

**Bauman Chiropractic Clinic of Northwest
Florida P.A.**

3613 Hwy 231 North, Panama City FL 32404

Phone: 850-785-8311 Fax: 850-872-9892

To My Attorney:

I, _____, am receiving treatment for
injuries sustained in an accident on _____.

As my attorney, I am authorizing you to send a letter of protection to my
doctor at Bauman Chiropractic Clinic.

Sincerely,

Signature

Date

Form revised 02/06/2008