

DiSalvatore Chiropractic
1956 West Prospect Road Ashtabula, Ohio 44004
(440) 992-0160 (440) 998-0121(Fax)

Consent Form To Treat A Minor

Patient name: _____

I hereby request and authorize the doctors at DiSalvatore Chiropractic to perform diagnostic tests and render treatment to _____.

As of this date, I have the legal right to select and authorize health care services for the minor child named above.

Date: _____

Signature: _____

Witness: _____

Printed Name: _____

Relationship to Patient: _____