107 Kinsley Drive
Brodheadsville, PA 18322
(570) 402-2810 (office); (570) 420-2811 (fax)
revitalizechiro@gmail.com
www.revchiropractic.com

Consent To Treat A Minor

This is to acknowledge that:

Dr. Lori Sinisgalli
Chiropractor

is authorized, and whomever she may designate as assistants to administer chiropractic care, as deemed necessary, to my (indicate relationship of child) _____,

(Name of child): _____.

(City) _____, (State) _____.

this month of _____, (date) _____, 20_____.

Signed (Parent/Guardian): _____.

Witness: _____.

Patient Name: _____ Date: _____.