

DiSalvatore Chiropractic

Thomas D. DiSalvatore, D.C.
1956 West Prospect Road
Ashtabula, Ohio 44004

Adam M. Davis, D.C., Dipl. Ac.
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Concent Form To Treat A Minor

Patient name: _____

I hereby request and authorize Dr. DiSalvatore and/or Dr. Davis to perform diagnostic test and or 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: _____