

Patriot Chiropractic Center
3915 Old Lee Hwy., Ste 22C
Fairfax, Virginia 22030
(703) 385-7007 Fax (703) 385-4384
patriotchiropractic@verizon.net

CONSENT TO TREATMENT OF A MINOR CHILD

I hereby authorize Dr. Steven Bernabeu and Dr. Gina Simonetti along with his/her staff to examine and/or treat _____.

(Indicate name of child)

Parent/Guardian Signature _____

Printed name _____

Date _____

We ask that you supply our office with the following information of the child's parent(s) or legal guardians. This information will be used for the purpose of billing and as emergency contacts. All of the information supplied will be kept confidential. Thank you.

Mother's name _____

Date of birth _____

Cell number _____

Father's name _____

Date of birth _____

Cell number _____

Legal guardian's name _____

Date of birth _____

Cell number _____