

Anthony Rosania D.C.
Mobile Chiropractic Care Center

Phone 973-768-5100

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AUTHORIZATION TO TREAT A MINOR

I _____ (print name) hereby authorize Anthony Rosania D.C. and whomever he may designate as it's assistant, or employee, to administer treatment as deemed necessary to _____ (minors name).

Relationship to patient

Parent or guardian signature

Witness

Date