



Preeti Chopra, MD

Kalani Jose, DC

Allan Laird, DC

Lisa Huebner, DC

Tom Colivas, PA

CONSENT TO TREAT A MINOR

I, being the parent or guardian of _____, a minor, the age of _____, do hereby consent, authorize, and request the above named doctor and his staff to administer such treatment as the above named doctor deems necessary or advisable to the minor person named above.

Dated _____

Signed: _____
Parent/Guardian

Witnessed: _____