

Phone: (408) 329-9604
Fax: (408) 262-1321

Tropea Chiropractic
Dr. Tony Tropea, D.C
260 S. Sunnyvale Ave. Suite 2
Sunnyvale, CA 94086

Consent to treat a minor

I (we) being the parent or guardian of _____, a minor, the age of _____ do hereby authorize and request **Dr. Tony Tropea, DC** to administer such treatment deemed advisable, necessary, or requested on the above minor.

I understand that if my insurance does not approve or cover the evaluation and treatment, that I am responsible for payment for the services provided.

Signed: _____ Name: _____
(Parent or guardian) (Parent or guardian)

Date: _____