



Victor J. Rizzo D.C.
Carlos M. Wiegering , D.C.

CONSENT TO TREATMENT OF MINOR

I the undersigned, parent/person having legal custody/legal guardianship of _____,
a minor, do hereby authorize Victor J. Rizzo, D.C or Carlos M. Wiegering , D.C. to perform any x-ray
examination and chiropractic diagnosis or treatment, which is deemed advisable by a licensed chiropractor, be
rendered under the general or special supervision of any licensed chiropractor.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required
but is given to provide authority to the above chiropractors to give specific consent to any and all such diagnosis
and treatment which chiropractor, meeting the requirements of this authorization, may, in the exercise of his/her
best judgment, deem advisable.

This authorization shall remain effective unless sooner revoked in writing delivered to the chiropractors noted
above.

Date: _____ Signature: _____