

DESERT CITIES CHIROPRACTIC
12241 Industrial Blvd. Suite 102
Victorville Ca., 92395
(760)245-3300

CONSENT TO TREATMENT OF MINOR

I hereby authorize Dr. Athanasia Angelopoulos D.C. and Dr. Vasiliki Angelopoulos, D.C.
to administer treatment as they deem necessary to my son/ daughter,

Minor's Name

Parent Signature

Parent Name (Print)

Date