

# Family Chiropractic Services

Dr. Lisa Vizzacco-Smith  
1079 Main Street  
West Warwick, Rhode Island 02893

---

Phone 401-828-8822  
Fax 401-822-0490

## CONSENT TO TREATMENT OF YOUR MINOR CHILD

I hereby authorize Dr. Lisa A. Vizzacco to administer treatment to

my: son \_\_\_\_\_ daughter \_\_\_\_\_ and/or both \_\_\_\_\_

Child/Children's name: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_