



CHIRO REHAB CENTER

220 Hamburg Turnpike Suite 14A • Wayne, NJ 07470 | T:(862) 336-1600 • F:(862) 336-1601

Consent to Treat

I, hereby authorize Dr. Karen Mennella DC, Dr. Anna Kazmierczak DPT and whomever they may designate as their assistants to administer chiropractic and physical therapy services as they deem necessary.

Patient Name: _____

Signed before us on this _____ **Day of** _____ **20** _____

(Patient/Parent/Guardian Signature)