



Locations in:
ANTHEM | NORTH PHOENIX
PEORIA | GILBERT

www.osrphysicaltherapy.com

Consent to Treat Minors

Consent to Treat Minor

I hereby give my consent to OSR Physical Therapy to evaluate and treat the following minor child -

Date _____

Child's Name _____

Printed name of parent or legal guardian _____

Signature of parent or legal guardian _____

Phone number of parent or legal guardian _____