



**CALIFORNIA  
REHABILITATION  
& SPORTS THERAPY**

## CONSENT TO TREATMENT OF MINOR

A TEAM OF PROFESSIONALS DEDICATED TO OPTIMIZING HUMAN PERFORMANCE IN WORK, SPORT AND DAILY LIFE

ALAN E. VOGEL  
P.T., O.C.S., C.E.A.S.  
PRINCIPAL  
6930 WARNER AVENUE  
HUNTINGTON BEACH  
CALIFORNIA 92647  
TEL 714.847.3800  
FAX 714.847.1413

I, \_\_\_\_\_, as parent and/or legal guardian of

\_\_\_\_\_, authorize

ANTHONY F. BISACCIA  
M.P.T.  
36 MAUCHLY  
SUITE A  
IRVINE SPECTRUM  
CALIFORNIA 92618  
TEL 949.727.3315  
FAX 949.727.3624

**California Rehabilitation and Sports therapy to treat the minor patient**

**named above while I am not present.**

MICHAEL W. RYMER  
P.T., O.C.S., C.E.A.S.  
2888 LONG BEACH BLVD.  
SUITE 405  
LONG BEACH  
CALIFORNIA 90806  
TEL 562.595.4489  
FAX 562.595.4063

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

ROGER TAILLON  
P.T.  
200 NEWPORT CENTER DR  
SUITE 213  
NEWPORT BEACH  
CALIFORNIA 92660  
TEL 949.644.1322  
FAX 949.644.0316

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

ADULT & PEDIATRIC  
PHYSICAL THERAPY

COMPLICATED SPINE &  
EXTREMITY THERAPY

HAND REHABILITATION

MYOFASCIAL PAIN DISORDERS

OCCUPATIONAL THERAPY

ORTHOPAEDICS

SPINE REHABILITATION

SPORTS MEDICINE

TMJ/HEADACHES



Member of the Physical  
Rehabilitation Network