
Anthony F. Calzaretto D.C.
Brian D. Ryan D.C.

MVA/ Injury Waiver Form

Date: _____

Re: _____

File #: _____

Group #: _____

ID #: _____

To whom it may concern:

This letter is to confirm that I, _____ am presently being treated by Dr. Anthony F. Calzaretto. The condition I am being treated for is not related to an auto, work or residential accident.

If you have any further questions regarding my condition, please do not hesitate to contact the doctor at **(856) 667-0505**.

Sincerely,

Patient's Signature