

Balanced Health Chiropractic

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Dr. Marc A. Levy, D.C.

Consent to Treat a Minor

I, _____, do hereby authorize Dr. Marc A. Levy and whomever he may designate as his assistants to administer chiropractic care and services, as he deems necessary to my child _____ who is of relation as my _____ (specify relationship).

Guardian's Signature _____ Date _____