

Balanced Health Chiropractic

167 S. Trade St. Suite F. Matthews, NC 28105
Phone: (704) 684-6090 Fax: (704) 684-6091



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 _____