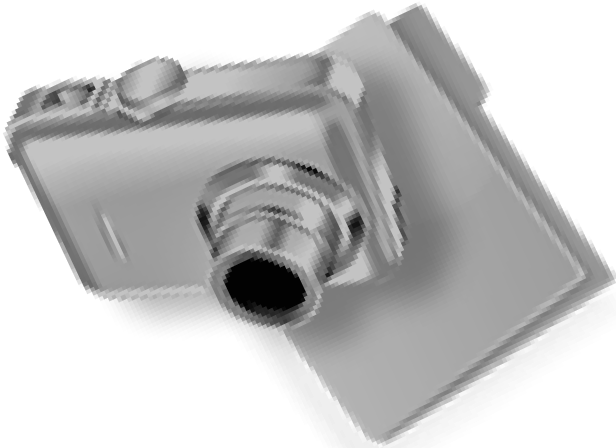


WELLS FAMILY CHIROPRACTIC PLLC



A Healthier Spine
Means A
Healthier You!

This is to acknowledge my approval to allow Wells Family Chiropractic, PLLC to take my photo that will be used in assistance with the doctors findings and as my file ID. **However this photo or any other personal information will never be shared with any outside source.**

Patient Signature: _____

Date: _____