



SCHOOL ENTRANCE / SPORTS PHYSICAL - By Appointment ONLY

Payment is due at time of service \$20.00 Cash \$25.00 Debit \$30.00 Credit Card

Date _____

Please print full name(s) of each child below

Name of Patient	Date of Birth
Name of Patient	Date of Birth
Name of Patient	Date of Birth
Name of Patient	Date of Birth

**I hereby authorize Align Chiropractic Day Spa,
Dr. Jessica Crivelli, to administer care as deemed
necessary for my child.**

Parent /Guardian Signature _____ Date _____
Street Address _____
City, State, Zip _____
Telephone _____
Email _____

**14270 Spring Hill Drive ~ Spring Hill Florida 34609
Phone (352)-684-1484 ~ Fax (352) 684-1420**