

Clinical Nutrition At The Cellular Level
Lexi Sandifer, N.T.P.

I, _____ hereby give Alexia Sandifer, N.T.P.
permission to treat my child (children)

By my signature below, I hereby authorize and consent my child to receive nutritional therapy treatment by Lexi Sandifer N.T.P. of Champion Chiropractic and Wellness Center. A photocopy of this authorization shall be considered valid as the original

Parent Signature _____ Date _____
Witness _____ Date _____