

PATIENT NAME: \_\_\_\_\_

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DR GETZIK AND GETZIK FAMILY CHIROPRACTIC

I give you permission to use my name in your patient newsletter and on any office bulletin or other notice boards for purposes of announcing births, birthdays, weddings, graduations or acknowledging my referrals.

\_\_\_\_\_  
Date Signature

PATIENT NAME: \_\_\_\_\_  
Print Name