

Acupuncture Solutions, LLC

3900 Pebblecreek Ct. Suite 101  
Plano, TX 75023

6501 Wesley St #A-1  
Greenville, TX 75402

**Authorization to Treat a Minor Child**

I hereby authorize Acupuncture Solutions, LLC to administer acupuncture care as deemed necessary to my child.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent or legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date