



**Love and Health
Chiropractic
(616)455-7040**

This is to acknowledge my approval to allow Dr. Johnson or the staff at Love and Health Chiropractic to take my picture for the sole use of patient file identification only. **This photo will never be used for any purpose other than patient identification, nor will this photo or any information be shared with any outside source.**

Patient Signature: _____

Date: _____