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

TREATMENT TYPE: **CHIROPRACTIC** DOCTOR: **Dr. George Neale, D.C.**

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TREATMENT TYPE: **CHIROPRACTIC** DOCTOR: **Dr. George Neale, D.C.**

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