

**Synergy Balance, PLLC**

12740 Hillcrest Road  
Ste. 138  
Dallas, TX 75230

**Consent for Treatment of a Minor**

I hereby authorize Synergy Balance, PLLC. to administer treatment as necessary to

\_\_\_\_\_.

This authorization shall remain in force until such time it is determined treatment is no longer necessary.

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_ Witness\_\_\_\_\_