Blanton Family Chiropractic

1216 6Th Ave. Huntington, WV. 25701

304-523-3333 Fax 304-523-3330

Patient Name:	
Please let us know your communication prefer	rence!
My cell number is	I give permission to Blanton Chiropractic to
text me regarding office hours and appointme	nts.
My mobile provider is	
My email address is	<u> </u>
Patient Signature	 Date