



55 Portion Rd.  
Lake Ronkonkoma, NY 11779

## Hey Sachem... We care about your Spinal Health!! Request for Free Scoliosis Screening

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Parent/Guardian Phone Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Gender: M / F                      School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Gender: M / F                      School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Gender: M / F                      School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Gender: M / F                      School: \_\_\_\_\_

Areas of Concern Regarding Skeletal & Muscular Health: \_\_\_\_\_

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Parent/ Guardian Signature for Social Media Consent:

\_\_\_\_\_  
\*By Signing this you agree to allow O Light Body Bar and their affiliates to post your photo on social media to promote our free screening