

**Team Balance Pain Management Clinic**

620 Barclay Street  
Clearfield , Pa 16830  
Phone: 814-290-6029

**“Body Cupping Permission Form”**

I \_\_\_\_\_ give Team Balance Pain Management my permission to preform body cupping therapy on me and I understand that there could be dark red circles and sometimes bruising after my treatment that will disappear after a few days to a week depending on the person. Any patient under the age of 18 must have parent signature to be performed

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**Patient Signature**

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**Date of Birth**

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**Parent Signature**

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**Date & Time**