

# PATIENT TESTIMONIAL

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

Date: \_\_\_\_\_

We are glad to hear that your health is returning and that you are feeling better. You probably realize that other persons who do not know of the health-restoring facts of chiropractic are still suffering. We are asking for your help to reach those who are still in the dark about true, natural health. Please answer the following questions and please explain fully and use the reverse side, if necessary. You can return it to us via fax: 850-932-3566, email: [urmoschiropractic@att.net](mailto:urmoschiropractic@att.net) or return to the front desk at your next appointment.

## HOW DID YOU FIND OUT ABOUT CHIROPRACTIC?

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## WHAT ARE YOUR HEALTH PROBLEMS?

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DID THESE PROBLEMS INTERFERE WITH YOUR DAILY ROUTINE? \_\_\_\_\_ YES \_\_\_\_\_ NO

## HOW LONG BEFORE YOU NOTICED IMPROVEMENT?

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## DID YOU NOTICE ANY OTHER CHANGES IN YOUR HEALTH?

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WOULD YOU RECOMMEND CHIROPRACTIC TO OTHERS? \_\_\_\_\_ YES \_\_\_\_\_ NO

## COMMENTS:

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I hereby testify to the truth about chiropractic and grant permission for my testimonial and picture to be used to help spread the chiropractic story.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_