

## Patient Testimonial

What kind of health problems were you having before you became a patient in our office?

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How has your health improved?

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What benefits have you noticed since you began your adjustments? (sleep any better?, more energy?, etc.)

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How would you describe the service you have received in our office?

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What aspect of our service has impressed you the most?

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How have you shared your experience in our office with your friends and family?

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Is there anything we can do to make it easier for you to share your experience in our office with others?

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Use this space for further comments or to just say something in your own words:

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Is it OK to include  your name  your initials  neither with this report for prospective patients?

Signature:

Date:

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