

CHIROPRACTIC PATIENT TESTIMONIAL

I hereby authorize Helping Hands Chiropractic Center to use my story on their website, in presentations, the newspaper or in the office as a testimony to how chiropractic can improve a person's life. This testimony has not been coerced nor have I received any compensation for doing so. I acknowledge that I am designating below how I would like my name to appear: my legal name, initials or "satisfied patient."

Signature_____ Date_____

Printed Name_____

How you want your name to appear_____