

# WE COULD USE YOUR TESTIMONY!

WE WOULD SINCERELY APPRECIATE YOUR COMMENTS  
REGARDING OUR OFFICE.

Who is your Doctor? \_\_\_\_\_

What are you being treated for? \_\_\_\_\_

## **Tell us your story.**

What happened?

What else did you try?

What was different using holistic care at Pomperaug Chiropractic?

What about our approach have you found unique or especially helpful?

How has this improved your quality of life?

What would you like people to know about our practice?

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(Please continue on the reverse side)

What changes or improvements would you suggest?

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(Please continue on the reverse side)

May we use your first name, age and town only with your testimony on our web site? Yes \_\_\_ No \_\_\_

Thank you for your feedback! Your comments always help us to improve our approach to holistic care.

Name \_\_\_\_\_ Date \_\_\_\_\_