

Patient Testimonial

We would like to congratulate you on your commitment to your health and would love to give others the opportunity to read about the amazing life changes you have achieved with dedication, commitment & a positive attitude!

Please take a moment to complete the following questions. If additional space is needed use the back of this sheet.

What condition(s) did you have when you came into our office?

How did this condition(s) affect your life?

What previous treatment(s) did you try that had little or no affect?

Discribe which condition(s) have improved and in what way. What are you able to do now that you couldn't do before?

What has amazed you the most about the care you have received here or what you have learned?

Please list any advice or encouragement you can give to anyone who may be considering care in our office.

I give permission for Answers! to use, edit, and/or paraphrase any of the information submitted with this testimonial for promotional purposes. **Yes** **No** Is there any stipulations on this? If yes, please discribe.

Name

Age

Email (optional)

Date

Answers! Discover Health

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Thank-you for taking the time to help us help others!