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www.focusedonyouchiropractic.com

Share your chiropractic success story!

As a Focused On You Chiropractic patient, you've experienced firsthand how effective chiropractic care can be! Help us share your story with the world! Has our chiropractic care relieved your pain and given you back the ability to enjoy life? Has it helped you avoid surgery? Has our chiropractic care changed your world and improved your life? Whatever your testimonial, don't keep it to yourself!

Share your story with us by answering the questions below. Please read and sign the release on the last page to give us permission to share your testimonial. Then, hand it to one of our team members or mail it to us at the address above. We love to hear how we have helped improve the health, wellness and quality of life of our patients with chiropractic care. Your testimonial could help improve the lives of others by showing how chiropractic care has positively impacted your life.

How has the care you have received t Focused On You Chiropractic improved your life?

How long after your initial visit did you begin to see results from our chiropractic care?

What has pleased you the most about your course of treatment in our practice?

Do you have any words of encouragement for others?

Do you have any additional comments you'd like to share about Focused On You Chiropractic or the care you've received from Dr. Gerard, Dr. Andrew, and anyone else on the FOYC team?



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Patient Testimonial Release Consent

Purpose of Consent: By signing this form, you are consenting to allow Focused On You Chiropractic to use and disclose the information in your testimonial via various marketing materials, including web site, email, print and other marketing materials. If, at any time, you would like to remove your testimonial from future use, you may do so by contacting Focused On You Chiropractic.

Consent To Release

I hereby authorize Focused On You Chiropractic to use my testimonial and any information contained within in its public relations efforts. I understand and approve the disclosure of testimonial information to the media and other individuals and entities that may be involved in the public relations efforts of Focused On You Chiropractic.

I understand that I am providing the testimonial information to Focused On You Chiropractic and that my treating healthcare provider will not be providing any protected information to the media or the public, including private health information in my medical records, the confidentiality of which may be protected by federal and state statutes and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

I waive the right of prior approval and hereby release Focused On You Chiropractic from any and all claims for damages of any kind based on the use of my testimonial or information in the testimonial. By signing below I agree and acknowledge that I have read and understood the above Release and agree to all terms described. I am of legal age and freely sign this Consent to Release my Patient Testimonial.

Signature

Date

Print Name

Please provide your contact information.

Address

E-mail

Phone

Thank You!