



STAR PATIENT TESTIMONIAL

PATIENT NAME: \_\_\_\_\_

Dr. Hamling would appreciate very much your answering these questions regarding your chiropractic care. Since your story will be put in "Our Patients Speak" book, please write or print neatly

Describe your major complaint and what was done to correct your problem prior to seeing Dr. Hamling: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long have you been suffering from this condition and how did this affect your life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of Dr. Hamling: \_\_\_\_\_

\_\_\_\_\_

Has your problem been helped by Chiropractic, and how has this affected your life? \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

So others know about the benefits of chiropractic, may we use your testimonial for:

In Office Display: Y N Website: Y N Any Public Advertising: Y N

May we include your name on any of these items: Y N

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We sincerely thank you for sharing your story so other people can benefit from Chiropractic care. We pride ourselves in the quality of health care given in this office and as a direct result, practically all our patients are referred to us by their friends and loved ones. Now that you have experienced the benefits of Chiropractic care it is your responsibility to share this knowledge so others too may benefit. You are a unique member of the 20% of the population currently under chiropractic care and we need your help to reach the remaining 80%. Thank You.