

Patient Testimonial

Patient Name: _____

Year started seeing Dr. Harlan: _____

Primary reason for seeking care: _____

Tell us your success story: _____

_____.

By signing below, I acknowledge that Harlan Chiropractic and Acupuncture may have the rights to use my testimonial in any form of advertisement for the office (i.e. brochures, website, etc.).

*Patient's full name will not be used.

Patient Signature: _____ Date: _____

Thank you for all the kind words you say about our office! We appreciate your trust in our care for your friends and family.