

PATIENT TESTIMONIAL - Clinic

You can help spread the work about Chiropractic Care and our clinic. If your experience here has been positive and beneficial, we hope you will share it with others. Please take a few moments to record how your impressions about the clinic, your doctor, your treatment, or The HEALING Store. We want to know your story!

MY STORY By	Date
I heard about □ The clinic □ Dr	The HEALING Store
From A Friend/Relative Co-wo	orker
Before seeing my Doctor, I 🗖 Had	☐ Had not seen another Doctor of Chiropractic
I came to the clinic because	
3	or Doctor could do, or service the clinic could provide, to make my
experience even better, would be: _	
	ADVEDTICING DELEASE
	ADVERTISING RELEASE iates of Michigan (CAM) become the exclusive property of CAM, and could be used for future
publication, as determined by CAM. By signing this release, you give CAM permis desire.	ssion to use this testimonial, as they see fit, to promote the clinic and clinic services, if they so
	Date
	Your Story, and hope that your experience can be of benefit to others, who may be unaware ncluding Chiropractic, Applied Kinesiology, Nutrition Supplementation, etc. Any patient whose gift certificate to The Healing Store.