



## PLEASE SHARE YOUR CHIROPRACTIC TESTIMONIAL WITH OTHERS FOR US TO SHARE ON OUR WEBSITE!

If you would like to share your experience with chiropractic care for yourself and/or your children, Rock Tape, custom orthotics or anything else you would like to add about your experience in our office, please fill out this form and return it to Heather.

First Name and Last Initial:

What was your primary health complaint when you started coming to our office?

When did you start receiving care in our office?

What improvements have you noticed since you started care? How is your quality of life and/or activities of daily living now?

Have your children received care in our office? If so, what are their ages? What health complaints did they have before starting care in our office? What improvements have you seen in them?

If you have been taped with Rock Tape by Dr. Ryan in our office, please share what areas he taped on you and what your results were.

If you have ordered custom Foot Levelers Orthotics from our office after being scanned with our 3D scanner, please share what your health issues were prior to your orthotics and what your results were.