



# Chiropractic

## TESTIMONIAL

What was your original complaint(s) or health problem(s)? \_\_\_\_\_

\_\_\_\_\_

How long did you have this problem? \_\_\_\_\_

\_\_\_\_\_

What types of treatment did you receive prior to visiting us? \_\_\_\_\_

\_\_\_\_\_

How bad was it (at its worst)? \_\_\_\_\_

\_\_\_\_\_

How has your health and performance changed since visiting us? \_\_\_\_\_

\_\_\_\_\_

Why did you choose Dr. Matt Buffan? \_\_\_\_\_

\_\_\_\_\_

Would you recommend us to others? \_\_\_\_\_

\_\_\_\_\_

Comments? \_\_\_\_\_

\_\_\_\_\_

May we have your permission to use your testimonial for advertising purposes?

By signing below I approve the use of my name and written testimonial by Rochester Spine + Sports Chiropractic for advertising purposes. I understand that the information written above concerning my case and none other may be viewed by the public through the advertising media. We appreciate your testimonial.

Name: \_\_\_\_\_

Date: \_\_\_\_\_