Back in Balance
CHIROPRACTIC

Your Feedback Is Important To Us

"Back In Balance Chiropractic" would love to hear from you. You've told us that your experience here with Chiropractic care is very positive and that it improves your quality of life. Help us tell others by providing us with a description of your experience. Here are some questions that can guide you:

1) When did you start receiving Chiropractic care?
2) Why did you decide to choose Chiropractic care?
3) What results did you experience?
4) Did your results occur at your expected rate or more quickly?
5) How has Chiropractic care improved your quality of life?
6) Is there anything you can do now that you couldn't do prior to receiving care?
7) Are you experiencing health benefits other than a reduction in pain (for example; quality sleep, improved digestion, increased energy, enhanced immunity, etc.)?

Your Testimonial

I _____ hereby give Back In Balance Chiropractic the right and permission to reproduce, publish, circulate or otherwise use my full name and testimonial. I understand my testimonial may be edited for clarity and/or conciseness.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Back in Balance
CHIROPRACTIC
421 Richmond Road • Suite 205 • Ottawa ON • K2A 4H1
Phone: (613) 288-2225 • Web: www.BackinBalanceChiro.ca