



**THE LIFE LOUNGE FAMILY CHIROPRACTIC**

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## **PATIENT TESTIMONIALS**

**Spread the Word....Share the Miracle!**

*Do you remember the first time you heard about chiropractic? Do you recall when you began to see the benefits of incorporating regular chiropractic adjustments into your life?*

*Now it is your turn to share your story and open the door for others to experience the miracles that a healthy and properly functioning central nervous system can provide.*

**First Name:** \_\_\_\_\_ **Age (Optional):** \_\_\_\_\_

**Began Chiropractic Care (Month/Year):** \_\_\_\_\_

**Main Concern at Start of Care (or Wellness):** \_\_\_\_\_

\_\_\_\_\_

**Patient Testimonial:** \_\_\_\_\_

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***Thank you for taking the time to share your testimonial with us. We value your feedback and we are so excited to be able to share your success stories to encourage others!***

I, \_\_\_\_\_, authorize The Life Lounge Family Chiropractic and Dr. Brad Deakin to use my testimonial for use at The Life Lounge, and/or on our website.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_