



Bent Chiropract Patient Testimonial Release Form

As a Bent Chiropractic patient, you've experienced firsthand how effective chiropractic care can be! We love to hear how we have helped improve the health, wellness and quality of the lives of our patients with chiropractic care. With that said, please help us show others how chiropractic could help them by sharing your personal experiences with Bent Chiropractic!

Please read and sign the release at the end to give us permission to share your testimonial.

1. What brought you to Bent Chiropractic?

2. What was your experience like with Bent Chiropractic?

3. What has pleased you the most in your course of care at our practice?

5. Do you have any words of encouragement for others?

Patient Testimonial Release Consent

I hereby grant Bent Chiropractic permission to use my testimonial comments, in part or in whole, and any information contained within this form for public relations efforts and for the promotion of advertising the products or services they provide. By signing this form, I am consenting to allow Bent Chiropractic to use and disclose the information in my testimonial via various marketing materials, including website, email, print and other marketing materials. By signing below, I agree and acknowledged that I have read and understand the above Release and agree to all terms described.

Use my full name Use my first name/ last initial (default) Use my initials only Keep me anonymous

Printed Name

_____/_____/_____
Date

Signature