

Adjust Do It! Life Source Chiropractic
2616 W Colorado Ave #3-4
Colorado Springs, CO 80904
Dr. William J. Koppari, D.C.

SHARE Your Chiropractic SUCCESS Story!!

**As a Life Source Chiropractic client, you've experienced first hand how effective chiropractic care can be! Help us share your story with the world! Has our chiropractic care relieved your pain and given you back the ability to enjoy life? Has it helped you avoid surgery? Has our chiropractic care changed your world and improved your life?
Whatever your testimonial, don't keep it to yourself!!**

Share your story with us by answering the questions below. Please read and sign the release at the end to give us permission to share your testimonial. Then, drop it by our office or mail it to us at the address above. We love to hear how we have helped improve the health, wellness and quality of the lives of our patients with chiropractic care. Your testimonial could help improve the lives of others by showing how chiropractic care has positively impacted your life.

1. How has the care you received at Life Source Chiropractic improved your life?

2. How long after your initial visit did you begin to see results?

3. What would you say to a friend or family member who is curious about chiropractic?

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

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

6. Do you have any additional comments you'd like to share about Life Source Chiropractic or the care you received from Dr. Koppari?

Please READ and SIGN the Testimonial Release Consent form below:

Patient Testimonial Release Consent

NOTE: If, at any time you would like to remove your testimonial from future use, you may do so by contacting us.

I hereby authorize Life Source Chiropractic to use my testimonial and any information contained within, in its public relations efforts. By signing this form, I am consenting to allow Life Source Chiropractic to use and disclose the information in my testimonial via various marketing materials, including website, email, print and other marketing materials. I understand that I am providing the testimonial information to Life Source Chiropractic and that my treating health care provider will not be providing any protected information to the media or the public, including private health information in my records, the confidentiality of which may be protected by federal and state statutes and regulations, including HIPPA. By signing below I agree and acknowledged that I have read and understand the above Release and agree to all terms described. I am of legal age and freely sign this Consent to Release my Patient Testimonial.

Signature

Date

Printed Name

Please provide your contact information:

Address

Phone Number

Email

Thank you!