

My Testimonial

Name: _____ Date: _____

Condition: _____ Treating Doctor: _____

Other Specialists seen: _____

Treatment Rendered:

How has it changed your life:

Additional Comments you would like future patients/the Sioux Falls community know:

*Please try to include the words Sioux Falls and Center for Chiropractic & Athletic Medicine in your testimonial. We also would like to thank you for taking the time to fill out a testimonial! We greatly appreciate it!

