CROSSROADS CHIROPRACTIC PATIENT TESTIMONIAL

I, the undersigned, give my permission to Crossroads Chiropractic to utilize my testimonial to help educate others about the benefits of chiropractic corrective care. This may be reproduced in part or in full as an aid in understanding the benefits of chiropractic.

Name:_____ Age: _____

Length of time under chiropractic care here: _____

Please share your experience with chiropractic at our office:

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