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SHARE YOUR CHIROPRACTIC STORY!

You've been a chiropractic patient and you have seen first-hand how effective it can be! Help us share your story with the world! Has chiropractic relieved your pain and given you back the ability to enjoy life? Has it helped you avoid surgery? Has chiropractic changed your world and improved your life? Whatever your testimonial, don't keep it to yourself! Share it!

Please review the following questions for ideas of what to write in your testimonial (feel free to use the back or a separate sheet of paper if you need more rooms). When you are finished, please read and sign the release on the back page to give us permission to use your testimonial. Then simply turn the testimonial in, or send it to us using the contact information above. We might share your story with other patients, or even the media! We love to hear how we have helped improve your health, wellness and quality of life. Your testimonial could help improve the lives of others by showing how chiropractic has positively impacted your life.

- Please describe the condition of your health prior to receiving chiropractic care and how it affected your daily life?
- Describe any previous methods of health care (medication, therapies, surgeries, etc). What were the results?
- How has your health changed since receiving chiropractic care? How have the improvements you've received impacted your life for the better?
- What is your understanding of chiropractic and how it can help people?



Testimonial Release

I, _____, give White Chiropractic, its employees, designees, agents, independent contractors, legal representatives, successors and assigns, and all persons or departments for whom or through whom it is acting, the absolute right and unrestricted permission to take, use my name, testimonial and biographical data and/or publish, reproduce, edit, exhibit, project, display and/or copyright photographic images or pictures of me whether still, single, multiple, or moving, or in which I (they) may be included in whole or in part, in color or otherwise, through any form of media (print, digital, electronic, broadcast or otherwise) for art, advertising, recruitment, marketing, publicity, archival or any other lawful purpose.

I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image or product.

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I certify that I am at least 18 years of age and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

Name (Please print)

Signature

Date