

*Dr. Martha's Chiropractic Office  
&  
Natural Health Solutions*

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# *Chiropractic Success Story*

*My primary complaint was:* \_\_\_\_\_.

*Before chiropractic care, I had this condition for:* \_\_\_\_\_.  
*(length of time)*

*I was treated with:*  
*(Please circle all that apply)*

*Chiropractic  
Nutritional Counseling  
Allergy Elimination*

*My results after receiving the treatment were:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

*We may wish to publish your statement in the interest of telling others about the benefits of chiropractic care. If you would rather **NOT** have your name used, please initial here: \_\_\_\_\_.*

***Thanks for letting us know how chiropractic care helped you!***