



Testimonial

I give my approval for Dr. Cannon to use this testimonial (sign) _____

1. For what condition (s) did you present to our office for care? How long had this condition existed?

2. Had you sought care for this/these condition (s) from any other providers? If so, what type of providers and what were your results? Also, for how long were you treated?

3. What was your impression of the techniques and type of care received at our facility? Include which techniques/services you utilized.

4. How long did it take to begin to see improvement? What improvements did you notice?

5. What results were achieved after care at our facility? (Explain in detail your results from care and how these improvements have affected you.)

6. Did the care provided and results achieved, meet or exceed your expectations? If so, how?

7. Please provide any additional information you would like to share.
