

WANTED - YOUR CHIROPRACTIC SUCCESS STORY

We would love to hear how chiropractic care has impacted your health and your life. A brief story, written or typed, would be appreciated or you may simply fill out the questionnaire below!

Your Name: Anna Oester
Child's Name (if applicable): _____

*Age: 73

The reason you or your child began chiropractic care: _____

Length of condition(s), severity, and effect this had upon your family:
Restless legs for years - completely gone
and had severe hip pain. So much,
much better.

Past treatments, medications and effects: pain pills & sleeping pills

How your life or your child's life/health has improved with chiropractic care:
Unbelievable! Better!

This information is accurate to the best of my knowledge. I give you permission to share my story with others in order to positively change their lives also!

Signature: Anna M Oester

*Date: 9-21-11

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