

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: MARTIN SALISBURY

Child's Name (if applicable): _____

Age: 57

The reason you or your child began chiropractic care: Severe
BACK PAIN

Length of condition(s), severity, and effect this had upon your family:
APPROX. 1 YR. SOME LOSS OF
INCOME.

Past treatments, medications and effects: THERAPY, PAIN
MEDICATION'S

How your life or your child's life/health has improved with
chiropractic care: Quality is much better
I've been able to resume a full
work schedule with no restrictions

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: Martin Salisbury

Date: 1/3/06