

# Underwood Chiropractic Testimonial Form

Patient Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Print or Type Your Testimonial Inside This Box. We **CAN NOT** Correct for Grammar and Spelling.

## **RIGHTS OF PUBLICATION AND AGREEMENT**

I, the undersigned, do hereby acknowledge that all the information contained in my testimonial is true and accurate to the best of my information, knowledge and belief. Furthermore, I offered the above testimony as my free and voluntary act.

I give publication rights to Dr. Scott R. Underwood and Underwood Chiropractic, LCC. They may use this testimonial (typed but not changed in any other way) for their print advertising or for any other purpose they see fit.

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PRINTED NAME

SIGNED NAME

DATE