



1179 Rostraver Road, Belle Vernon, PA 15012 – P 724-929-6777 – F 888-221-7407

Patient Testimonial Release Consent

Share Your Story!

Zdilla Family Chiropractic would love to hear from you! You’ve told us that your experience at our office is very positive and that it improves your quality of life. Help us tell others by providing a description of your experience. Here are a few examples to get you started. Has our chiropractic care relieved your pain and given you back the ability to enjoy life? Has it helped you avoid surgery? Has Lipo-Light and our products and supplements helped you get back on a healthier path? Do you enjoy the atmosphere at the office and staff during your appointments?

Please read, complete and sign below and then drop it in the mail, drop it off at the office, fax it to 888-221-7407 or email it to info@zfchiro.com.

Thank you so much for your contribution!

Name: _____ (Your name will appear as “First Name, Last Initial” on any published material.)

Contact #: _____ (This will not be used as part of your testimonial.)

I, _____, have given permission to Dr. Zdilla and Zdilla Family Chiropractic to post the above testimonial on their website and to use my testimonial in their public relations and marketing efforts such as printed publications, multimedia presentations, on websites or in any other distribution media. I authorize Zdilla Family Chiropractic to use my name and testimonial as defined on this form. I understand my testimonial may be edited for clarity and/or conciseness. I also release Zdilla Family Chiropractic from any and all claims for damages of any kind based on the use of my testimonial or information in the testimonial. By signing below, I agree and acknowledge that I have read and understand this release and agree to all terms described.

This consent:

- is effective until revoked by me in writing (recommended)
- is effective on _____
- is effective from _____ to _____

If, at any time, you would like to remove your testimonial from future use, you may do so by contacting Zdilla Family Chiropractic.

Signature

Date