



Thank you for Sharing!

Thank you for choosing Hudson Chiropractic to provide your chiropractic health needs. We would love to hear how we have helped improve the health, wellness and quality of life of our patients through chiropractic care. If you would like to share how Hudson Chiropractic has positively impacted your life, please fill out this form. When you are finished, please read and sign the release at the bottom to give us permission to use your testimonial. *(For your convenience, you can type in the boxes below. However, you will still need to print, sign and bring the form into our office. Thank you!)*

What has pleased you most in your course of treatment at our practice?

Authorization and Release Information

I understand my testimonial above and on behalf of Hudson Chiropractic, LLC (hereinafter called Hudson Chiropractic) may be used in connection with publicizing and promoting Hudson Chiropractic. I authorize Hudson Chiropractic to use my name, title, city and state of residence, and personal testimonial as written on this form (in part or in whole).

I hereby irrevocably authorize Hudson Chiropractic to copy, exhibit, publish or distribute my testimonial for purposes of publicizing Hudson Chiropractic services. These statements may be used in Hudson Chiropractic marketing publications and on the Hudson Chiropractic website. I agree that I will make no monetary or other claim against Hudson Chiropractic for the use of the statement. I also waive any right to inspect or approve the finished product, including written copy and website, wherein my testimonial appears.

I have read the authorization and release information and give my consent for the use as indicated above:

Signature: _____ Date:

Printed Name:

City and State of residence:

Thank you for choosing Hudson Chiropractic. We will always appreciate and value your trust!