

Chiropractic Testimonial

Geers Family Chiropractic

Name (optional): _____ | Date: _____

What was your condition when you first came to see Dr. Geers?

How long did you have the condition before you came into our office?

How did this condition affect your life?

What, if anything, has improved since you've been under the care of Dr. Geers?

Would you recommend Geers Family Chiropractic to friends and family?

Additional Comments
