



The Family Wellness Center

Helping Heal Your Body and Your Life

641 B Old Country Road

Plainview, NY 11803

Phone: (516) 822-8499

Fax: (516) 822-5689

www.NetworkWellnessCenter.com

PATIENT...A NETWORK CHIROPRACTIC SUCCESS STORY

Please tell us how long you've been under care and share with us how your life has changed since beginning care at The Family Wellness Center. Thank you.

_____ months/years ago, when I first came to The Family Wellness Center, I was...

AND NOW...how has your life improved?

**Sign First Name & Last Initial
or Initials**

Date

***You can be a miracle in someone else's life!!!
Helping others is what we're all about!***



The Family Wellness Center

Helping Heal Your Body and Your Life

641 B Old Country Road

Plainview, NY 11803

Phone: (516) 822-8499

Fax: (516) 822-5689

www.NetworkWellnessCenter.com

Consent and Authorization To Use My Testimonial

In the understanding that my testimonial may serve to help others in need, I hereby give my full consent and authorization for Dr. Michael Berlin and/or The Family Wellness Center to use my written and oral testimonial in all of their in-office and out of office promotions if they choose to do so. I understand that they may choose to use my testimonial in their written and/or verbal advertisements and promotional material, and will only use my initials or first name along with the name of my town. I give this office my permission to display my testimonial as it is written in their patient testimonial book and/or excerpts thereof. I understand that I may revoke this consent and authorization at any time with written notice.

Signature: _____

Date: _____

Print Name: _____