

Kirk Chiropractic, PC ~ Dr. Daren L. Kirk

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Patient Testimony Release

We would love to have your chiropractic success story included for others to see and gain inspiration from by having you fill out the chiropractic testimony form! We appreciate your trust and confidence in us for your healthcare!

Thank you,
Kirk Chiropractic, PC

I, _____, do hereby give my authorization to Kirk Chiropractic, PC and/or its representatives for the use of my photo and/or testimonial on their internet website. I understand that my photo will be used in publication for the purpose of information and/or advertising. I understand that there has not been, nor will there be, any financial arrangements or settlements promised to me for this, but that I freely volunteer my photo and testimonial. I agree to give only factual information. At any time I am free to contact Kirk Chiropractic, PC and/or its representatives if I wish my testimonial and/or photos to be removed. I understand that Kirk Chiropractic, PC and/or its representatives will do everything they can in a timely matter to attend to my request.

Print Name _____ Date _____

Signature _____ Date _____

Parent/Guardian _____ Date _____