Share Your Story

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to Parrish Family Chiropractic (**PFC**) to use my patient story in any of their marketing materials including, but not limited to, in-office story boards, the **PFC** website, monthly newsletters or any form of online and printed communications, including social media, in perpetuity worldwide.

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Tell us why you chose chiropractic:**

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**What has changed since you started care?**

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**What do you love most about PFC?**

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**How would you encourage someone new to chiropractic to give it a try?**

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**Anything else you want us to know?**

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**Please return this form to the front desk. You may email a high quality photo of yourself to parrishfamilychiropractic@gmail.com. This photo will accompany your inspirational chiropractic story. It is an honor to serve you, and we appreciate you taking the time to share your story.**