
Thank you for your interest in submitting a testimonial. Before we can share your wonderful information with our web visitors and other prospective clients, we must have on file a signed copy of this form.

Please complete this form and return it to the Wholistic Wellness Clinic. Once we have received your completed form, we can then publish your story on our website, and in any other informational materials we feel your story will contribute to (pamphlets, brochures, etc). Your name will appear as "First, Last Initial" on any materials we include it in.

We respect your right to privacy and will not distribute any personal information (phone numbers, email, etc.) to any third party.

Thank you so much for your contribution to our mission!

I, _____, give Dr. Terri Cooper and the Wholistic Wellness Clinic permission to use my testimonial in marketing and informational materials, including the website.

Signature: _____ Date: _____



Wholistic
WELLNESS
CLINIC, PC

Chiropractic & Acupuncture Clinic ▲ Dr. Terri Cooper
1500 Center Street NE ▲ Cedar Rapids, IA 52402 ▲ 319.365.1141
TCoopdc@aol.com ▲ www.WholisticWellness.com ▲ 319.365.1146 fax