

Improvement Report

Regarding Your improvement:

1. What was it like before you came to see us? _____

2. How is it now? _____

This information is for our files, and the help us educate others about what we do.

Name _____ Date _____

Dr. Christopher L. Bissett D.C. or Dr. Keith L. Bostaph D.C.

I authorize Better Life Chiropractic and Wellness, and it's doctors to utilize my Success/Improvement Report in the following manner:

- Success sStory Book that remains in our office at all times.**
- Any Promotional mailing by BLCW to help make it's services broadly known.**

Sign: _____

Parent Signature if minor: _____

Physician/Witness: _____