

TESTIMONIAL FORM

NAME:

STATE/COUNTRY:

ORIGINAL COMPLAINT/PROBLEM:

HOW LONG I HAVE BEEN DEALING WITH COMPLAINT/PROBLEM:

MOST NOTABLE EXPERIENCE DURING MY TREATMENT:

HOW MUCH RELIEF HAS THE ATLAS CORRECTION BROUGHT?

**DO WE HAVE PERMISSION TO USE YOUR NAME IN YOUR TESTIMONIAL
IN THE OFFICE AND ON THE WEBSITE? Y / N**