



Dr. Melanie S. Coronel, D.C., C.C.S.P.[®]
Chiropractic Physician
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www.FremontFSChiropractic.com
Hands on healing for your active family life

FFSC Patient Testimonial

Please use the space below to write your experience in our practice. Thank you for taking the time to share your successes with those that may benefit from Dr. Coronel’s care. We truly appreciate your trust in us and we are happy that we can help you on the road to optimum health and wellness.

Please check the case which Dr. Coronel has helped you with:

- Specific Condition, please list (ie. back pain, pregnancy, sports injury, headaches): _____
- Personal Injury Worker’s Compensation Wellness

I, _____, give Dr. Coronel permission to share the following testimonial with patients and prospective patients. I understand that this testimonial may be used in print materials, such as tri-fold pamphlets, on the www.FremontFSChiropractic.com website, and in reception area posts.

Printed Name

Signature

Date Signed

(Please be assured that only your first name will be displayed on the testimonial.)

Please submit this using **one** of the following options:

Mail to:

Fremont Family & Sports Chiropractic
39809 Paseo Padre Parkway, Fremont, CA 94538

Email a scanned signed copy to:

drcoronel@fremontfschiropractic.com

Fax to:

510.440.0411