



Dr. Chad Mykietiuk, DC
 Chiropractor
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 Chiropractor
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 Massage Therapist
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Patient Testimonial

Please share your story with us, about the changes you have experienced in your life (and/or in your child's life) since starting care at Village Wellness. You may want to describe why you came to see us initially and where your health is at now.

Name: _____

Tell us your story!

Thank you for taking the time to give us this testimonial of your experiences. We would love to share your story with others so more people may have the opportunity to realize all the benefits of care here at Village Wellness.

I hereby authorize Village Wellness to use the following patient testimonial on their website, for marketing and/or other promotional purposes.

Note: Village Wellness will only use your name as you desire. You can use your full name, just your first, just your initials, or remain completely anonymous. Please circle which you prefer.

Use Full Name

Use First Name

Initials

Anonymous

May we include your age? Yes No

Signature: _____

Date: _____

Print Name Please : _____