

SHARE YOUR STORY!

Tell us about your experience with Southside Community Acupuncture. For example: What brought you in? How often? How did we help? How has your life improved? What did you like about our practice or your treatment? What would you tell others about us? Add any notes or comments you would like to share.

How would you like your name to appear with your testimonial? For example: first name only, first name and last initial, first and last name, etc.

Please read and sign the Patient Testimonial Release Consent form on the back of this page.

