Improvement Report

Regarding Your Improvement:

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

I was having ~~terrible~~ terrible gas after eating. For anywhere from 30 minutes to 3hrs

2. How is it now?

I am gas free no indigestion at all.

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

Maxine Johnson
Practitioner Signature

MAXINE JOHNSON
Practitioner Print

8/13/24
Date

I authorize Temple*Fit* to utilize my Success/Improvement Report in the following manner:

☐ Success Story Book that remains in our office at all times.

☐ Any promotional mailing by Temple*Fit* to help Temple*Fit* make its services broadly known.

Sign: Rick Miller Date: 8/13/24

Witness:_____

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