

PROLOTHERAPY SUCCESS STORY

Name: _____

Date: 12-3-05

Briefly describe your condition and life prior to prolotherapy:

Chronic, daily neck pain with difficulty doing daily activities.

Please share any successes you've had with your condition as a result of your prolotherapy:

After several prolo injections with Dr. Alderman, I now only rarely have neck pain and I can live a full life. I am grateful for a treatment that did not involve drugs or surgery, and I am forever grateful to Dr. Alderman & her staff.

Signature _____

Okay to publish