Improvement Report

NATURAL HEALTH CENTER OF THE ROCKIES

Regarding Your Improvements:

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

2. **How is it now?**

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

Name_____ Date _____

I authorize NHCR to utilize my Success/Improvement Report in the following manner:

☐ Success Story Book that remains at the office at all times.

☐ Any promotional mailing by NHCR to help NHCR make its' services broadly known.

Signature _____ Witness:_____