

16. Do you have any personal history of cancer? _____

17. What do you expect from treatment? _____

18. Your email address _____

***A note to our patients. We will on occasion send out a newsletter with pertinent information and helpful tips about keeping your back in tip top shape. If you would like to receive this information via your email inbox, please check this box.**

Our promise to you. We will NEVER sell or share your email address with ANYONE!