

Take This Quiz

How long have you had this condition?

Less than 6 months

More than 6 months

More than a year

Do you suffer from any of these ailments?

Disc Herniation
Disc Bulge

Sciatica
Stenosis

Degeneration
Facet Arthrosis Syndrome

What is the worst effect that it has had on your life?

Pain
Irritability
Sex Life

Hinders Activities
Loss of Energy
Family Activities

Lose Patience
Restrictions at Work/Home
Leisure or Travel

How long has it been since you have felt really great?

#Days_____

#Weeks_____

#Years_____

If there was a pain-free, drug-free way to get out of pain, improve your health and live everyday to the fullest, would you want to do that? Yes No

Would you be willing to schedule a consultation with the doctor to learn about this medical breakthrough to relieve pain, be more active and have more energy -including whether or not you are a candidate - without obligation? Yes No

Would you like a free information kit? If so, leave your name & address in the space provided below. Yes No

Would you like to schedule a free consultation to our decompression specialist to find if you are a candidate for this process? If so, Call (888)319-4510 or Fax (201) 840-1987.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____