

Advanced Family
CHIROPRACTIC

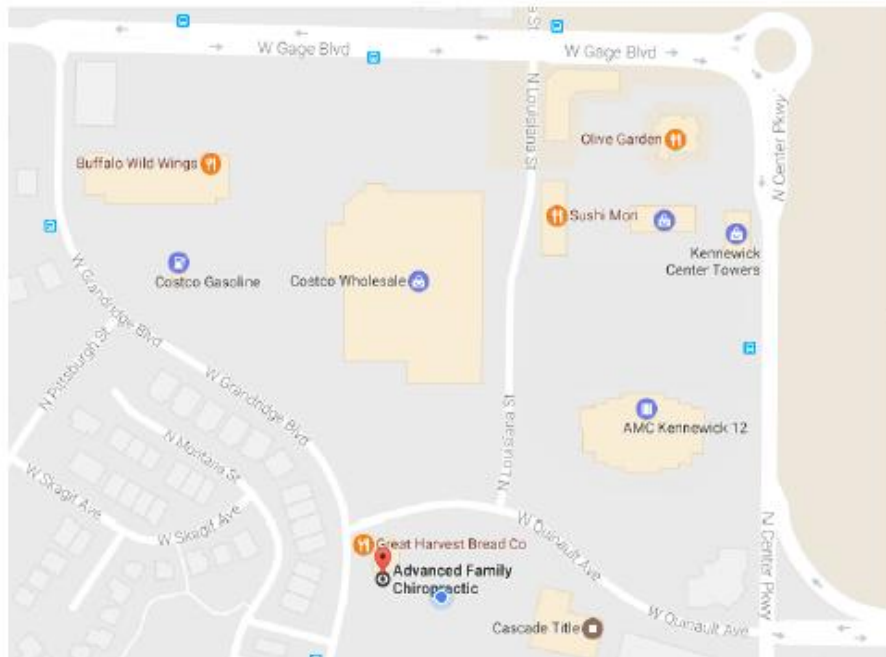
This Gift Certificate entitles _____ to his/her initial office visit at Advanced Family Chiropractic. This first visit includes:

- **Private Consultation with the Doctor**
- **Examination (Computerized Wellness Examination)**
- **Any Necessary X-Rays**

Please Note: Medicare guidelines are followed

Initial: _____ Expires On: _____

8350 W. Grandridge Blvd., Suite 100 Kennewick, WA 99336 | (509) 737-1400 | www.advancedchiropracticities.com



Call us today to schedule!

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