PATIENT TESTIMONIAL SHEET

At Health For Life we enjoy and encourage patient feedback, if you could please fill out the section below describing your thoughts about our office, Dr. Stanbridge, staff and/or overall experience it would greatly be appreciated. Once finished, please bring back this sheet to our front desk.
*Note your privacy is 100% guaranteed. If you would prefer to use your initials or remain anonymous instead of using your name, you are more than welcome! Under the name field just simply put what you would like your testimonial to be listed as (if you wish to remain anonymous just write anonymous in the name field).

Name: _____

Testimonial:
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*I agree that the testimonial listed above is mine and mine alone, and I have written said testimonial based on my experience at Health For Life. I agree to let Health For Life use my testimonial for any office marketing.
Initial: _____