

TESTIMONIAL 证言

Name 姓名 _____ Age (岁数) _____

Address 地址 _____

What health problem or challenge initially brought you in to seek care at Advanced Pain Centre? 最初咨询 Advanced Pain Centre, 您有什么健康问题?

How do you feel now and what changes have you noticed?

现在您觉得如何, 您注意到什么变化?

Any additional comments 任何额外的评论

I, _____, give Advanced Pain Centre permission to use my testimonial and/or photo for in-office display or public educational purposes.

_____, 允许 Advanced Pain Centre 在办公室或公共教育目的, 使用我的个人证言/照片。

Signature _____

Date _____