



### Client Testimonial

Thank you for taking the time to answer some questions about the services we provided throughout your course of care. We would appreciate the opportunity to share your success story. Please answer the questions below:

**1. Which details are you comfortable with us sharing on-line?**

- First Name       Age       Pattern of symptoms       Prior Treatment  
 Current Treatment     Result of Treatment

**2. What impressed you most about your care at NEPT?**

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**3. How would you describe the care provided by NEPT staff?**

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**4. Please describe how Northern Edge Physical Therapy went “the extra mile” to serve you?**

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**5. What reasons would you give to friends or family to chose NEPT for their care?**

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**Please sign the Testimonial Media Release & Consent Form, which gives us permission to use your comments for promotional purposes.**

I, \_\_\_\_\_, agree that Northern Edge Physical Therapy, LLC can use my “testimonial” on their website or other marketing materials and public relations activities to promote their practice. I approve the content (and images, if applicable) of my testimonial and hereby release Northern Edge Physical Therapy, LLC from any damages based on my testimonial. I also authorize Northern Edge Physical Therapy, LLC to use my name, brief biographical information, and the testimonial as defined on this form. I hereby give my permission for Northern Edge Physical Therapy, LLC to copy, exhibit, publish or distribute the testimonial for purposes of publicizing Northern Edge Physical Therapy, LLC services or for any other lawful purpose. I reviewed this authorization form and hereby give my consent to release my testimonial, as indicated above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_