

# How was your experience?

Dear Valued Patient,

I appreciate your willingness to share your positive acupuncture experience with your legislator and others. I want to offer you this testimonial form as a tool to help capture your experiences. Please fill it out and share it with me and your legislator. With your permission I'd like to post it on my website to let others know about the power of acupuncture and Oriental Medicine.

Thanks!

**1. What was the chief complaint that brought you into my clinic?**

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**2. Has the treatment you received relieved you of this issue/discomfort?**

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**3. What did you like about the experience of working with me? What would make you want to come back or refer friends, family or co-workers?**

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**4. Were you surprised by any part of your experience, my treatment approach or the results you have received?**

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**5. What is the most important thing people should know about my treatment style and clinic?**

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**6. Do you see any area that needs improvement?**

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**7. Other thoughts, suggestions or comments?**

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# Testimonial Release Form

I, \_\_\_\_\_ (patient), give authorization to \_\_\_\_\_ (doctor) to use all or parts of my answers as a testimonial and/or photograph(s), audio recording(s) and video recording(s) for advertising, marketing, and/or promotional activities, as well as permission to share with other individuals as the doctor sees fit.

I also acknowledge that I am not being compensated for this testimonial either through monetary or monetary-equivalents.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
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