

## REACH PATIENT TESTIMONIAL

Our promise to you is partnership and providing skilled therapy at the highest standards. At Reach Physical Therapy, we provide patient-centered care, meaning the patient is our highest priority. With that, we believe that the patient is also our strongest advocate. We would like to take this time to hear your side of the story. Please use the space below to tell us the story of your experience at Reach Physical Therapy. We would like to use your testimonial for the purpose of spreading the word about the services we offer.

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation/Sport

I hereby authorize Reach Physical Therapy to use my name and above statement in future publication and or promotional materials including but not limited to printed publications and electronic media.

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date