



Testimonial Request Form

Patient's Name:

With your permission, South County Physical Therapy, Inc. may choose to share your comments below with our marketing firm. We may ask the firm to contact you for more information. With your approval below, you are giving South County Physical Therapy, Inc. your authorization to use this testimonial below in its marketing efforts which include, but may not be limited to, its advertising, promotion, website, or other communications to help promote the company.

Please place your initials within the box to the right to indicate your permission.

Please describe how your experience with South County Physical Therapy, Inc. has been beneficial to you. How has this experience added value to your life?

Please note that a representative of South County Physical Therapy, Inc. or its marketing firm may contact you for additional information regarding your testimonial as needed.