THE REHABILITATION CENTER

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PATIENT TESTIMONIAL

Print Form

PATIENT INFORMATION

Patient Name:

Street Address:

City: State: Zip Code:

Date of Birth

Please write your testimonial here:

Thank you for taking the time to fill out our patient testimonial. We understand that your time is valuable and appreciate your comments!

I hereby authorize The Rehabilitation Center, Inc., located at 155 Raymond Road, Princeton, NJ 08540, to use the the following patient testimonial on their web site or in any other form of advertising that they see fit. I authorize the use of my full name in connection with the use of this testimonial in any manner The Rehabilitation Center determines is appropriate. This is including but not limited to their web site, advertising, mailers, etc.

Date:

Signature of Patient

Print Name

OPTIONAL: (The authorization or non-authorization of photos will not affect the posting of testimonials)
I hereby authorize The Rehabilitation Center, Inc., located at 155 Raymond Road, Princeton, NJ 08540, to use my photo that was taken at the time of my initial evaluation with my patient testimonial on their web site or in any other form of advertising that they see fit. This is including but not limited to their web site, advertising, mailers, etc. I understand that I may withdraw the use of my photo at any time by writing to: The Rehabilitation Center, Inc., 155 Raymond Road, Princeton, NJ 08540.

Date:

Signature of Patient (Optional)

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