

SUMMARY OF GAINS

Your Name: _____

Today's Date: _____

Service: Physical Therapy / Wellness _____

Therapist: (PLEASE CIRCLE) Gregory Redmond, DPT, Terry Eberhardt, PT, Porsha Piper, DPT _____

Please share with us any improvements in your abilities, any realizations that have helped you, improvement in your sports, leisure or daily life, what experiences you enjoyed, and/or results that you have had from the services just completed:

Share the gift of success! Please tell us who you know that might be interested in learning more about our services. We will be sure to invite him or her to one of our FREE introductory services on your behalf:

Name/Business: _____

Phone/Email: _____

- May we share your wins with your doctor? Y or N
- May we share with our current or future patients? Y or N
- May we share your gains on our Facebook page? Y or N

Signature: _____