Winsted Physical Therapy
115 Spencer Street, Winsted, CT 06098
Tel: (860) 738-5810 Fax: (860) 738-5820

TESTIMONIAL FORM

Winsted Physical Therapy would love to hear from you. We hope your experience here with physical therapy care has been very positive and that it improves your quality of life. Help us tell others by providing us with a description of your experience. Thank you so much for your contribution to our mission!

Name: _____ Age: _____

Town: _____ Job title: _____ PT Seen: _____

Your name will appear as "First, Last Initial" on any materials we include it in. We respect your right to privacy and will not distribute any personal information (phone numbers, email, etc.).

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Consent & Release Terms and Conditions: Through my signature below, I hereby authorize Winsted Physical Therapy to reproduce my testimonial, in full or in part, in their marketing materials and website. I understand my testimonial may be edited for clarity and/or conciseness. I have voluntarily provided the information above. The information stated above is accurate and true to the best of my knowledge.

Signature: _____ Date: _____/_____/_____