



PATIENT TESTIMONIAL

Dear Friend,

We always welcome feedback on our services, products, and staff.
Please tell us about your experience here at Reina Rena. Your comments are a great value to us.

Name: _____ Phone Number: _____

- I hereby approve Reina Rena to use the above testimonial in part or whole in its marketing materials and publications including, but not limited to: advertising, website, direct mail pieces.
(For your privacy we will only use your first name and city in our publications).*
- I do not wish to be quoted in Reina Rena publications.*

Patient Signature: _____ Date: _____