

# ORTHOTIC & PROSTHETIC DESIGN

ORTHOTIC AND PROSTHETIC DESIGN, INC.

Following is a form for patient testimonials. If you would like to make a testimonial in regard to your care and services provided at Orthotic and Prosthetic Design, Inc., feel free to use your practitioner's name in your testimonial. Please write in your comments and sign at the bottom where indicated. By signing this document you are allowing Orthotic and Prosthetic Design, Inc. to use your comments for marketing purposes and possible inclusion on our website.

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I authorize Orthotic and Prosthetic Design, Inc. to use my testimonial comments for marketing purposes.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature