(Ph) 541.773.9772
(Fx) 541.773.1113
www.CompleteCare.net

Patient Testimonial & Authorization

Tell us about your great experience at Complete Care!

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Authorization and release of information: I understand my above testimonial may be used in connection with publicizing and promoting Complete Care. I authorize Complete Care to use my name, brief biographical information, and the Testimonial to be used in printed publications, multimedia presentations, on websites or in any other distribution media.

I have read the authorization and release information and give my consent for the use of my: ☐ Written Testimonial ☐ Video Testimonial ☐ Online Review

Printed Name: _____

Signature: _____

Date: _____