



***"The RESULTS you want. The care you deserve."***

**YOUR PATIENT'S RESULTS**

Dear \_\_\_\_\_

Before I started physical therapy at Rehab Associates

**As a result of my physical therapy at Rehab Associates**

**Thank you for sending me to physical therapy.**

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Date Results Attained

\_\_\_\_\_  
Patient Date of Birth

**By signing below, I give permission for my comments as well as my first name and last initial to be used in promotional material for Rehab Associates.**

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

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