

Texas Sports Acupuncture
Testimonial

Please share your thoughts about us and your experience with our medicine.

I hereby give my permission to Texas Sports Acupuncture to use my testimonial to promote the recognition of Acupuncture and other related modalities. It is my understanding that my testimonial will be used to encourage others whose health problems or needs may be similar to mine, to seek similar treatment.

Signature _____

Date _____

Name (Print) _____

Please indicate how you would like your initials shown, if at all: _____

Ex: J.S., John S.