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**Testimonial and Release**

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**NAME:**

**We would like to know about the experiences and knowledge you have gained while participating in our programs.**

**A. The most important thing(s) you have gained:**

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**B. My lifestyle/health has/will change in this way:**

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**C. The most important issue/challenge I am dealing with now (that may be helped with these programs):**

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With your permission only, we would like to use some of your written and video comments on our website and in printed material. Please read the following statements and sign and date the appropriate response. Thank you.

I grant permission to Michael Cheikin, Wyndmoor Rehab Associates PC, and/or their agents to use my name, still and video image and direct quotes above. These may be used on our future website and in any printed material where it may be deemed appropriate. There is no time limit to this permission. I understand that I am not entitled to any remuneration or compensation for granting this permission.

Signed

Print Name

Date