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| Press "Shift-F7", then "P" to print page; "N" first for multiple copies | **Michael Cheikin MD*****Holistic Medicine and Physiatry***832 Germantown Pike, Suite 3Plymouth Meeting, Pennsylvania 19462610-239-9901 Fax 866-217-0158 drc@c4oh.org |  |  | **Comments and Release** f\_testimonial.docx 1/10/2020 **NAME:** |

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

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| **A. The single most important thing you have gained:** |
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|  |
| **B.My lifestyle/health have/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 comments on our website and in printed material. Please read the following statements and sign and date the appropriate response. Thank you. |
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