

## **Testimonial Form Submission**

| Name:                      |   | <u>.</u> |
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| Email:                     |   | -        |
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| Testimonial:               |   |          |
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| We appreciate your time    | for the above testimonial.  |          |
| can publish the above test | agree that Ananda Physical Therapy & Wellness, LLC testimonial in their website. Also they can use (before and after) uality of the service performed if requested. |          |
| Cignoturo                  | Dat   | to:      |