



Testimonial Consent Form

I, _____ (Print Name) give Wellward Regenerative Medicine permission to put my testimonial on their company website (wellwardmed.com), their company Facebook page, as well as any publications/promotions for Wellward Regenerative Medicine. I understand that my name will NOT be used unless I have given Wellward Regenerative Medicine permission to do so.

- I give Wellward Regenerative Medicine permission to use my name _____ (Initials)
- I give Wellward Regenerative Medicine permission to use my picture _____ (Initials)
- I give Wellward Regenerative Medicine permission to use my video _____ (Initials)

Patient Signature _____ Date _____

Physicians Signature _____ Date _____



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Testimonial Worksheet

Are you a clinic patient? Y or N

Are you a Medfit client? Y or N

1. What brought you to Wellward & when? (past history, pain, injury, to avoid surgery, etc)?

2. Is there anything you can do now that was difficult or painful for you before coming here?

3. Anything else you would like to share about your journey or anyone you'd like to give a shout out to?

4. What advice do you have for anyone thinking about coming to Wellward for Clinic or the Medfit Program?

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