



## Patient Testimonial

Thank you for taking the time to share your experience with New Beginnings Plastic & Reconstructive Surgery. We value and appreciate your expression. Your Journey to a New Beginning may serve as inspiration and encouragement to others.

Tell us your Journey:

---

---

---

---

---

---

---

---

*Some questions to reflect on...*

How was your Journey at New Beginnings Plastic & Reconstructive Surgery?

---

---

Would you recommend New Beginnings Plastic & Reconstructive Surgery to a friend or relative? \_\_\_\_\_ Why?

---

---

What do you consider to be the most valuable aspect of your Journey with us? \_\_\_\_\_

---

Describe how your health has improved or life has changed since coming to New Beginnings Plastic & Reconstructive Surgery? \_\_\_\_\_

---

If you have experience with other healthcare providers, what sets us apart from them?

---

---

At New Beginnings Plastic & Reconstructive Surgery we want your experience to be a pleasant and successful Journey... so how can we improve on the service and experience we provide?

---

---

**Please Read:** We thank you for taking the time to share your Journey with others. With your signature below, you are granting permission to our office to use your testimonial either in its entirety, or in a shortened, edited form for display in our office, website and/or social media. You are also acknowledging that you have not been paid or compensated for your testimonial in any way.

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Only your initials and city of residency will be published with this testimonial.**

Would you be willing to include a picture of yourself with this testimonial? Yes \_\_\_\_\_ No \_\_\_\_\_