



## NW Therapy Patient Experience

NAME: \_\_\_\_\_

Describe your experience at Northwest Therapy and how therapy has helped you.

**OPTIONAL**

I, the undersigned, do hereby grant permission to Northwest Therapy to use my image and testimonial for display, distribution, publication, transmission, or otherwise in materials that include, but may not be limited to, printed materials such as brochures, and newsletters, videos, and digital images such as those on the Northwest Therapy website.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_