

Acupuncture & Chinese Medical Center

Wade Rex: DOM, LAc., LMT, BSN

1720 Dolphin drive Unit B
Waukesha Wi 53186.
262.832.8888

" Realize the wonderful benefits of Oriental Medicine "

Easy Testimonial

I frequently see people who are unfamiliar with the benefits of acupuncture and have tried everything else without success. These patients are often hopeless and believe that nothing can help them. Reading testimonials from patients like you who have had good results with our clinic can give these patients the confidence they need to get started on their path to healing. Please fill out the following as truthfully as possible. If you have more than one major complaint, please fill out any different aspects on a second (or third) sheet.

My name is AL SIKUNA. I came to Acupuncture & Chinese Medical Center in OCTOBER (month), 2007 (year) Because I was suffering from (description of health problem) LEFT ELBOW/FORARM INJURY

I had this problem for 3 years month weeks. This problem (describe how it felt when it was at its worst: pain locations, intensity or other symptoms) COULD BARELY HOLD A CUP OF COFFEE

It also cause fatigue difficulty sleeping depression irritability
 Hopelessness (list any other associated symptoms) _____

Please Turn Page Over

and made it difficult for me to (describe any activity that was more difficult to do) _____

LIFT ANY THING WITH MY LEFT ARM.

I tried medication such as ADVIL

Surgery Physical therapy chiropractic other _____

to resolve this problem with result like (describe your experience with these treatments)

PHYSICAL THERAPY HELPED, CHIROPRACTIC DIDNT HAVE MUCH EFFECT

I began to feel some or significant improvements in my condition after (#) 3 treatments at Acupuncture & Chinese Medical Center.

At this point in time my condition feels 100 % better. I now feel READY TO WATERSKI AGAIN

and I am able to _____

I have also had significant improvement in other symptoms like _____

The clinic is VERY CLEAN and the staff is SUPER NICE.

I would recommend acupuncture to ANY ONE because _____

I give my permission for you to use my name in association with this testimonial.

I would prefer to remain anonymous when you use this testimonial.

Name: _____

Ph. P. P.

Date: _____

2/22/09