



TELL US YOUR  **SUCCESS STORIES**

SIGNATURE: _____ DATE: _____
PRINTED NAME: _____

Permission to post and/or publish this Success Story: Yes No
(If yes, please fill out the attached authorization form.)

1739 Elm Ct. Ste 205/206 Jefferson City, MO 65101 PHONE 573-681-0447 FAX 573-681-0445

3600 Country Club Dr Suite 530B Jefferson City, MO 65109 PHONE 573-606-7100 FAX 573-681-0445



**AUTHORIZATION FORM FOR
USE OF A PATIENT’S PERSONAL SUCCESS STORY IN
PUBLIC RELATIONS AND MARKETING ACTIONS**

Thank you for submitting your personal success story. It is always great to be acknowledged for doing what we are always trying to do every day and that is to help people. We have found that when patients tell their physicians about how they were treated and the results they obtained in physical or occupational therapy, the impact is far greater than if we tell them through meetings and other documentation.

Our most successful campaign to grow our practice and help more people get well has been through these success stories. When a patient puts the results, they obtained and how they feel about it in writing, the doctor and other potential patients now know we are truly helping people.

We have found there are many doctors who may never have referred a patient to us if they had not known of your results. With the patient’s consent, we can inform physicians by mailing patient success stories to them. This authorization is obtained from the patient and kept on file.

Additionally, we would love to have your personal success story kept in an album or bulletin board in our waiting area and share it on our website as yet another tool to help reassure new patients upon their initial arrival into our rehabilitation clinic and to help perspective patients feel confident in choosing us. Most patients are a little concerned about what the first visit may be like and others success stories helps put them at ease. We would need your authorization in order to place your success story in our waiting room and our website as well.

This is completely **voluntary**. If you have ANY concerns about authorizing us to promote our office and our results using your personal success story, please ask. If you prefer not to have us use your success story in any way, simply return this form unsigned and circle “No” on page 1.

I authorize Outbound Physical Therapy & Rehab to utilize my Success Story in the following manner:

Success Story book or bulletin board that remains in our office at all times.

Signature: _____ Date: _____

Witness: _____ Date: _____

Online publishing, including Website and social media (full name will not be used).

Signature: _____ Date: _____

Witness: _____ Date: _____

Promotional mailings to any physician making our services and our results known to them.

Signature: _____ Date: _____

Witness: _____ Date: _____

Referring Physician Name _____

Primary Care Doctor Name _____

1739 Elm Ct. Ste 205/206 Jefferson City, MO 65101 PHONE 573-681-0447 FAX 573-681-0445

3600 Country Club Dr Suite 530B Jefferson City, MO 65109 PHONE 573-606-7100 FAX 573-681-0445