Testimonial Form

Patient Name:
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Your Story: (Please use back of page if you need more room)

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I, the undersigned, authorize Hearing Aids Inc, dba Audibel Hearing Aids to utilize my testimonial in whole or in part on their website and in their advertising. I certify that I have not been compensated for my testimonial, and I understand that I will not receive compensation in any way. I indemnify Audibel from all liability in using my testimonial, and agree that I will not hold Audibel liable for any damages connected with the use of my testimonial.

Signed: _____

Printed: _____Date: _____

Address: _____

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Phone: _____