

Patient Satisfaction Survey Entry Form

Win a Free Model 120!

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We appreciate your feedback. Once you are near the end of your course of treatments, complete and return this survey for ONE entry into our weekly drawing for a Free Model 120 Home System! You may return this survey by:

- FAX: 800-835-4581
- MAIL: Anodyne Therapy, 13570 Wright Circle, Tampa, FL 33626
- PHONE: Call us at 800-521-6664 to complete by phone

If your entry is not chosen, your completed Survey will entitle you to **10% off** the purchase price of the Model 120 Home System. This discount will expire 60 days from date of entry in the drawing.

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Patient Name _____ **Phone Number (____)** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

So far, I have received ____ Anodyne treatments.

So far, my symptoms have improved: A lot Somewhat

Have you been able to reduce any of your pain medications? Yes No

I would recommend Anodyne Therapy to a friend with a similar condition. Yes No

Anodyne Therapy treatments have improved my quality of life in the following ways:

I received my treatments at:

Facility Name _____ Phone Number (____) _____

Signature of Treating Clinician _____

Anodyne Therapy will call all entrants to notify them of the drawing results.

• I would like to be contacted via phone. Yes No

• Anodyne Therapy has my permission to use my testimonial (with my accompanying initials) for promotional purposes. Yes No

**Winners will be chosen each week and notified by telephone unless indicated otherwise above. The Anodyne Therapy Provider for the winning patient will also win a free Anodyne Home System to donate to a patient of their choice. No purchase is required to participate and completion of this survey does not obligate patients to purchase an Anodyne Therapy Home System. Terms and conditions of the drawing are at the sole discretion of Anodyne Therapy, LLC.*

For Internal Use Only: Received Date _____
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