

Dental Sleep Apnea Clinic

Dr. Keith Valachi
9900 SW Wilshire St #120
Portland, Or 97225
P: 971-271-7478 F: 503-296-2967
www.dentalsleepapneaclinic.com

Thank you for being a great patient and for your offer to tell others about our office.

At times we use testimonials on our website and in brochures. We like to share our patients' success stories. Testimonials can contain:

- Your symptoms and how you were helped
- Your experience in our office
- Your recommendations for others with your same symptoms

If you would like to write something for us, please use this form.

Do we have your permission to use:

First Name Yes___ No___ **Last Name** Yes___ No___ **Last Initial Only** Yes___ No___

Would you be interested in recording a video testimonial for our office? Yes___ No___

Print Full Name: _____

Date: _____ City: _____

Thank you for your testimonial. It is a pleasure to work with you as a patient.

Your Office Name