

Patient Testimonial

Thank you for taking the time to share your experience with Midwest Hearing Center. We value and appreciate your expression. Your hearing aid success story may serve as inspiration and encouragement to others who are struggling with hearing loss.

Your Story:

Some questions to reflect on...

- 1. How has the use of hearing aids benefitted you? How has your daily life improved from the use of hearing aids?*

- 2. Would you recommend Midwest Hearing Center to a friend or relative? Why?*

- 3. What do you consider to be the most valuable aspect of your experience with us?*

- 4. If you've had experience with other hearing healthcare providers, what sets us apart from them?*

Please use the back of this form if additional space is needed.

Patient Testimonial Consent

Date : _____

Name: _____

Address (City/Town): _____

Current/Former Occupation: _____

Please circle your provider:

Amanda Hillebrand, M.S., CCC-A Carolyn (Lyn) Franks, M.A., CCC-A

Carrie Morris, AuD., CCC-A Sharon Benivegna, M.A., CCC-A

By signing below, you are consenting to Midwest Hearing Center's use and disclosure of the information in your testimonial and acknowledgement that the testimonial may be used, all or in part, in our advertising, publications, website, etc. both now and in the future.

Signature: _____

Thank you for submitting your story!

