



ACI Clinic Testimonial Form 推荐书

Today's Date 今天日期: 6月/1日/09年

Last Name 姓: [Redacted] First Name 名: [Redacted] Occupation 職業: Graphic Artist

Preference of shown name 發表時顯示名: Full name 全名 Other 其他 L.C.

Reason(s) to visit ACI Clinic 就診原因: Pain Management

★★★★★ ★★★★★ ★★★★★ ★★★★★ ★★★★★ ★★★★★

- I give ACI Clinic 5 stars. 我要贈給冠程中西醫聯合診所 5 顆星。
- I highly recommend recommend not recommend ACI Clinic to people.
推薦程度: 極力推薦 推薦 不推薦 .

Please write your review of ACI Clinic and share your experience below:

請在下邊寫出您在冠程中西醫聯合診所的具體就診經歷、滿意程度及點評:

For over 8 years I lived with a headache that made my migraine's seem like a light bump on the head. After seeing Dr. Zhang I am now virtually pain free and can enjoy all the activities I used to do w/ my family.

My sessions w/ Dr. Zhang have not only been life altering but have allowed me to be me again instead of the withdrawn shell of person I used to be.

Please attach extra sheet as needed. (如需要, 請加頁)