



A Service of  
ACHIEVE OCCUPATIONAL THERAPY SOLUTIONS, INC.

## VISION THERAPY SUCCESS STORY

We would love to hear about your experience at our office. We know your time is valuable and we greatly appreciate you completing this form. You can be as brief or as detailed as you'd like.

With your permission, we would like to post your feedback to our website and our other social profiles. The purpose is to spread the word about Vision Therapy. We only use first names in our posts. So if this is Ok with you, please select the appropriate box at the bottom of the form. THANK YOU!

***Life BEFORE Vision Therapy:***

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***Life AFTER Vision Therapy:***

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***What can we do to improve your experience at our office?***

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- I agree to allow Achieve Vision Center to post my testimonial and photo on their website and social profiles using my first name only.
  - I agree to allow Achieve Vision Center
  - I do not want my testimonial or photo posted on the website or social profiles.

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Signature

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Date