

SAMPLE COVER FOR PATIENT TESTIMONIAL BINDER



**No Glasses...
No Daytime Contacts...
No Surgery...
Just Great Vision!**

Read what our patients are saying
about Paragon CRT!

***Paragon CRT Changed the Way I See My
World.....OVERNIGHT!***

PRACTICE LOGO HERE

Sample Patient Testimonial Page

Read what our patients are saying
about Paragon CRT!



"I've been wearing Paragon CRT lenses for about 3 months and I love them! My eyes don't get dry and I can go swimming without worrying about my lenses coming out. I tell all of my friends about CRT."

S.A.

"Dr. Smith fit me with Paragon CRT lenses about a month ago. I was worried about sleeping in the lenses at first, but after the first night I could see great without my glasses and contacts. I didn't have any trouble sleeping either."

M.B.

"When I first heard about the Paragon CRT lenses I thought it was too good to be true. Now that I wear them I can't believe that anyone still wears glasses!"

T.S.

PLACE ON PRACTICE STATIONERY

TESTIMONIAL AUTHORIZATION FORM

I hereby give my permission to <practice name here> to use my written testimonial in all marketing materials and programs promoting Paragon CRT®.

Exceptions: _____

Signature _____

Print Name _____

Date _____

Paragon CRT Patient Testimonial (Please print clearly)

**PARAGON CRT® PRIDE RECOGNITION PROGRAM
SAMPLE RECOGNITION CERTIFICATE**

PRACTICE LOGO

**EMPLOYEE RECOGNITION AWARD
FOR
OUTSTANDING SERVICE**

Presented by the Doctor & Staff of <Practice Name Here>

Doctor's Signature

Date

