



MEMBER'S TESTIMONIAL FORM

DATE:.....

NAME OF MEMBER(S):.....

ROHL ID No.:.....

PHONE NOs:.....

HOME ADDRESS:.....

E-MAIL ADDRESS:.....

COMPANY/ORGANIZATION:.....

NAME OF HEALTHCARE PROVIDER:.....

TESTIMONY

I hereby give Roding Healthcare the permission to refer to the above testimony for advertisement purpose ; use it as a marketing tool ; publish this testimony on their website or use it in any of their documents. I understand that my name and that of my company may be stated in the display of this testimony on any official advertisement medium.

SIGNATURE/DATE :.....

FOR OFFICE USE ONLY

NAME OF STAFF RECEIVING THE TESTIMONIAL:.....

COMMENT(s) if any:

.....
.....
.....

SIGNATURE OF STAFF_____

DATE:_____