

Refer a Friend or Family Member

- 1.** Give this valuable voucher to a friend or family member who suffers from pain and/or injury.
- 2.** If they become a patient they will receive 2 FREE Laser treatment vouchers! (a \$60 value)
- 3.** You receive a free 30-minute MASSAGE! (a \$65 value)

Friend or family member must become a registered patient and attend a minimum of 3 sessions in order to receive the reward.

Name of friend/family: _____ Relationship to You: _____

Your Name: _____ Phone Number: _____

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Achieve Results Physical Therapy
Caring. Compassionate. Results.

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