



Share your success story with us!

Please describe what type of problem that you sought treatment for: _____

SEVERE ANKLE PAIN, I WAS AT THE POINT THAT I COULD NOT WALK LET ALONE RUN DUE TO THE PAIN

Please describe your experience with our office, doctors, and staff: Dr. ADAMOVSKY

AND HIS STAFF WERE EXCELLENT. HE GAVE ME ALL THE OPTIONS AND LET ME DECIDE WHAT WOULD BE BEST.

Please describe how soon after your treatment/procedure you returned to work, normal activities: I WAS ABLE TO RETURN TO WORK 2 WEEKS AFTER THE

SURGERY AND 4 MONTHS LATER I CAN RUN (KNOCKED 2 MILES OF MY MILE) HIKE AND LIFT WEIGHTS

Overall how was your surgical experience: EVERYTHING WENT EXACTLY AS IT

WAS DESCRIBED BY THE DOCTOR.

Would you recommend Dr. Adamovsky to a friend or family member? YES NO

I hereby acknowledge the responses above truthfully reflect my experience with the Feet First Podiatry and their work and procedures. I hereby consent to allow the use of these statements by my physician, Feet First Podiatry L.L.C., and product manufacturers for marketing and promotional purposes. I understand that my full name; as well as photographic/radiographic images may be used for information purposes.

FRANKIE G CRICKETT JR
Name (Please Print)

7/23/14
Date

[Signature]
Signature