



# Share your success story with us!

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

PLANTAR FACIATIS

Please describe your experience with our office, doctors, and staff: VERY PLEASANT -

FLEXIBLE

Please describe how soon after your treatment/procedure you returned to work, normal activities: I WAS ABLE TO WALK AROUND WITHOUT AIDS AFTER

ABOUT 4 WEEKS.

Overall how was your surgical experience: THE SURGICAL EXPERIENCE WAS

EXCELLENT - I FELT VERY PAMPERED BY THE DEPAUL STAFF. THEY WERE VERY FRIENDLY AND PROFESSIONAL.

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.*

KAREN BINZ

Name (Please Print)

10-15-14

Date

Karen Binz

Signature