

# TESTIMONIAL

Please describe your experience at Whitson Vision.

*My experience was wonderful & Great doctors, staff & overall pleased with my choice to use Whitson Vision*

Did you have a procedure performed? If so, what procedure did you have performed and how was your experience?

*Yes, I had the Bladeless Laser. My experience was great. All my questions were answered. No complications. Quick recovery. Cost issues / concerns were discussed.*

Describe how soon after the procedure you were able to return to normal activities.

*After about 2-3 days eyes were feeling much better*

Would you recommend Whitson Vision to a friend or family member?  YES  NO

I hereby acknowledge the responses above truthfully reflect my experience at Whitson Vision. I hereby consent to allow the use of these statements for marketing and promotional purposes. I hereby consent to the use of the photo I have attached to this testimonial for marketing and promotional purposes.

*SHANNON York*

Name

*Shannon m york*

Signature

*10-1-16*

Date



**WHITSON**vision

Optical ▪ Medical ▪ Surgical