

Patient Testimonial Information Form



Thank you for choosing to share your story of exceptional care with us! In addition to the completion of this form, here is what you can expect throughout this process: You will be contacted by Brentwood Communications, MHCC's website partner, to make sure your story is told accurately and represented to your satisfaction. You will also work with the MHCC Marketing and Communications Department to have professional photos taken which will be used in conjunction with your testimonial. The final version will be shared with you before publicized.

We welcome any questions you may have and thank you again for sharing your story!

Submitter's Name: _____

Patient's Name (if different than Submitter): _____

Date of Birth: _____

Contact Information & Phone Number: _____

Email Address: _____

Date of Incident: _____

Which clinic/department of MHCC did your treatment occur?

Which Providers (Doctors, Nurses, etc.) would you like to mention in your testimonial? _____

Story Description: (Add additional pages as necessary)

(See back page)

Why would you recommend MHCC?

I hereby consent, as a patient, employee, affiliate, or friend of Memorial Hospital of Carbon County, to being photographed and/or filmed and/or interviewed as Memorial Hospital of Carbon County. I hereby give my permission to use statements, photographs, films, and information for radio, television, print, electronic media, social media, website, and/or educational materials for publicity or advertising campaigns.

Signature of Participant/Parent/Guardian

Date

MHCC Marketing and Communications Contact Information:

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