Gardens Rx
Pharmacy & Compounding
1019 Government St. • Ocean Springs, MS • 39564
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Bio-Identical Hormone Replacement Therapy

Hormone Hotline: 228.365.6885

Patient Testimonial

Please be as specific as you'd like with your answers & utilize the back of the sheet if need be.

Name: ______________________ Today's Date: ______________________ Age: __________

Where are you from? ______________________

How was your life (and your mood) prior to BHRT? ______________________

How did you get introduced to BHRT? ______________________

How has BHRT affected your life? How has your mood been affected? ______________________

How would you describe the process of getting involved with BHRT? ______________________

How would you describe the service that Gardens Pharmacy's BHRT program provides? Describe the rapport with the BHRT Specialists. ______________________

Would you recommend BHRT to a friend? Why? ______________________

Would you be interested in doing a BHRT Testimonial video to use on our social media/website? ______________________

I, ______________________, acknowledge that the above responses are an honest testimonial of my experiences and may be quoted to be used in The Gardens Pharmacy's social media pages, website, or print media. I hereby release to The Gardens Pharmacy & Compounding, its agents, and employees all rights to exhibit these responses in print and electronic form for publicity or private use. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used by The Gardens Pharmacy & Compounding. I understand that there will be no financial or other remuneration for the use of my identity or likeness, the above testimonial, or for recording me, either for initial or subsequent transmission, playback, or use of quotes. I acknowledge that I have read and understand the agreement.

Signed ______________________ Date______________________