



TMJ & Sleep
Therapy Centre

PATIENT TESTIMONIAL

I'm pleased with the care I've received from Dr. Ferzli and the team at the TMJ & Sleep Therapy Centre. I would like to help educate others about the life-changing treatment I received by:

- Recording a short video testimonial (2-minute video max)
- Submitting a written review:

- What problems were you having before you came to the TMJ & Sleep Therapy Centre and what was your goal in seeking treatment?

Constant jaw popping & locking. I also had a lot of headaches & I would wake up in pain

- How are you doing now and how has treatment helped you to accomplish this goal?

I feel so much better and don't have any ^{more} pain or popping or locking

- Please tell us about your experience with our team...

Everyone is so welcoming & friendly & very helpful. I felt like I ~~was~~ ^{made} another group of friends.

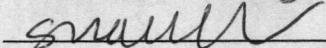
- What advice would you give others who are experiencing the same problems you were before coming?

Patience because it took time & there is a ~~process~~ ^{process} for it to work the correct way for lasting results

I understand that my answers above, in addition to photos, videos and x-rays, can be used by the TMJ & Sleep Therapy Centre on their website, social media and reference tools. The TMJ & Sleep Therapy Centre will NOT use my last name to protect patient privileges.

Patient name: Shawna Date: 11/12/19

Email address: scavinovic@gmail.com

Patient signature: 

Diagnosis: _____ Tx Time: _____