

Testimonial Form

We know how difficult it can be to have a severe protein allergy. We hope that EquaCare Jr. or Essential Care Jr. helped make life a little bit easier. To further create awareness and help others with their condition we hope that you will share your success story.

PLEASE PRINT:

Your Name Patient's Name Patient's Date of Birth

Address (street, city, state, zip)

Best Time to Contact You Home Phone Number (include area code) Mobile Phone Number

Email

Check the severe protein allergy the patient is diagnosed with:

EoE IBS SBS Other: _____

What Cambrooke formula product(s) does patient use?

What have been your worst symptoms?

Please describe your experience with using the Cambrooke formula products you use most often (listed above).

Have you tried other formulas and what was your experience? (Please include name of formula)

How did you hear about or start on the product you use most often (listed above)?

Online Resource Health Care Professional Other Patients Other: _____

Are you willing to share a photo? YES NO

Are you willing to be videotaped? YES NO

Your testimonial will be shared with other families with severe protein allergy through a variety of marketing vehicles (e.g. website, facebook, education materials). Your personal contact information and last name will not be shared publicly.

If you have any questions about sharing your story please email us at sales@cambrooke.com

Email completed form to support@cambrooke.com