Arlington Rehabilitation for Sports & Orthopedic Injuries

A Division of APT

Arlington Pediatric Therapy Management Services, Ltd.

Thank you for choosing Arlington Rehabilitation for Sports and Orthopedic Injuries for your therapeutic needs. It is our goal to provide excellent care to all of our clients and not only meet, but also exceed your expectations. We would greatly appreciate any feedback you would like to share regarding your experience with us. Please fill out this form and either return it to your therapist, one of our office staff personnel, or if more convenient email us your comments at aptltd@ix.netcom.com. This form will also be made available on our web site: www.arlingtonsportsrehab.com for an electronic response.

Thank you for your time!

Child's Name: _____

Age: _____

School: _____

Therapist(s): _____

_____

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

May we quote you (anonymously) in our brochure or other publications? Yes ◉ No ○

Name (optional) _____

Submit

3105 N. Wilke Rd., Arlington Heights, IL 60004
847-255-8690 Fax 847-255-2260