

## **SIGNIA PATIENT TESTIMONIAL FORM**

As a provider, you can easily share positive patient experiences in many ways – including on your website, in direct mail, and on social media! Such testimonials can **support loyalty** by reminding existing patients and wearers of their experiences with your practice. They can also **increase conversion with new leads** – reassuring them that others have had a positive experience with you and their hearing aids!

**In summary, word of mouth testimonials are very important!**

Want an easy way to collect patient testimonials? You can use the form on the following page to help capture positive patient experiences to leverage in your own marketing! We recommend you use this in one of the following ways:

- **Print the form and complete with patients in-person at a follow-up appointment.**
  - This will allow you to capture positive feedback while supporting an open dialogue to resolve any questions or concerns the patients may have.
- **Share the form via email with patients after their fitting(s).**
  - Once you are confident the patient is comfortable with their hearing aids, include the testimonial template in an email where you request their feedback and include a personal note to thank them for their business.

Once the feedback is captured, you can include quotes from patients and practice ratings/satisfaction in several ways, including on your website or in printed material (flyers, mailers, etc.).

*See patient testimonial form on next page.*

# Patient Testimonial Form

Full name:

Select one: Existing wearer First-time wearer

What is the name of your new hearing aid? *Ex: Signia Pure Charge&Go Nx*

How long have you been wearing your new hearing aids?

If you are an experienced hearing aid wearer, how does this new product compare to your previous devices?

Select one: New to practice Returning patient

How would you rate your experience with the practice? 1 (worst) – 5 (best) stars

Worst ★ ★ ★ ★ ★ Best

How would you rate your experience with the hearing aid fitting? 1 (worst) – 5 (best) stars

Worst ★ ★ ★ ★ ★ Best

How has your life changed now that you have hearing aids?

What are your favorite features about the hearing aids?

Based on your experience, would you recommend that others treat their hearing loss with hearing aids?

Select one: Yes No

[Click here to acknowledge that you allow this information to be shared by the practice with other patients online and/or in print.](#)