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Optimal Care Testimonial Form

I am the: (Please check)

- Patient Family Member/Caregiver Facility Staff Provider

Other: _____

What has pleased you most about the home care services you received from Optimal Care?

The very personal care I know Leslie was truly interested in my health in every way with god questions to me & very helpful suggestions.

At Optimal Care, we value the dedication of our employees and take pride in recognizing their quality care. Are there any employee(s) that you would like to recognize?

Leslie Spencer, RN.

Do you have any additional comments regarding your experience with Optimal Care?



Permissions Granted to Optimal Care, Inc.

Permissions for Testimonial: (Please check)

- Share with referring physician Share with referring hospital
 Use statements in our promotional material Use your name in promotional material
 Use photo in promotional material Use as part of our website/social media