

It would be our pleasure for you to share your testimonial with us. Please take the space below to explain your journey and how we either helped or did not help you along the way. It is our goal to deliver the highest patient care; your comments would be appreciated!

Doctor seen _____
Name (First and Last Initial) _____(Optional)

Your story may be chosen to be used in our waiting room, doctor's offices or website as testimonials.

OR

Email your Comments: RaleighNeuro@gmail.com