

# TESTIMONIAL FORM



Arth-An Ayurvedic Health Center  
#3367/A 13th Main 8th Cross HAL 2nd Stage Indiranagar  
Bangalore, Karnataka India -560008  
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1. NAME *Baghyalakshmi* ..... 2.Age *36* ..... 3. Sex *F* ..... 4.DOB.....

5. Occupation *S/O Professional* .....

6.Address: [Redacted] .....

8. Contact Number ( Mobile /Landline ) [Redacted] .....

What is your overall feeling about Arth ?

*Arth is a good Ayurvedic clinic for overall improvement of health. You can look for a better life after visiting this place.*

Give us any observation of yours that made your stay/visit relatively comfortable/uncomfortable in the center *They treat the root of the problem and hence it improves the overall health of the patient.*

Do you wish to compliment any staff for outstanding care and service? Kindly mention the name *Dr Prasanth and Dr. Navya have been very dedicated in the overall process*

Would you recommend our services to friends/family, if yes ,why ?

*Yes, because we can expect the desired results. Hence life will be much better after taking treatment at this place.*



Kindly check box if you don't mind if Arth uses your full name and comments for promotional purposes

Thank you... Arth really appreciate your honest answers.