

N.A.E.T. TREATMENT TESTIMONIAL

Vickie Van Scyoc, RN, NAET Certified Practitioner

Name of patient (OPTIONAL) _____ Date _____

Describe what brought you in for treatment and how you were feeling before NAET.

Describe any changes and/or elimination of your symptoms and allergies after NAET.

Would you recommend NAET to others?

Thank you for your comments and feed-back!