

KINVER PHYSIOTHERAPY PRACTICE

GIFT CERTIFICATE

This certificate entitles: _____ (name)

to an initial assessment

Kinver Physiotherapy
Practice,
32 Hyde Lane, Kinver, South
Staffordshire Tel:01384
878645
DY7 6AF

Authorised by: _____ Date: _____

Expires: 12 months from date of authorisation. . Number: _____

Not redeemable for cash. Voucher must be surrendered at time of session.

www.kinverphysiotherapy.com



KINVER PHYSIOTHERAPY PRACTICE

GIFT CERTIFICATE

This certificate entitles: _____ (name)

to an initial assessment and a standard therapy session



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878645
DY7 6AF

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KINVER PHYSIOTHERAPY PRACTICE

GIFT CERTIFICATE

This certificate entitles: _____ (name)

to an initial assessment and 2 standard therapy sessions



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KINVER PHYSIOTHERAPY PRACTICE

GIFT CERTIFICATE

This certificate entitles: _____ (name)

to an initial assessment and 2 extended therapy sessions



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878645
DY7 6AF

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KINVER PHYSIOTHERAPY PRACTICE

GIFT CERTIFICATE

This certificate entitles: _____ (name)

1 extended therapy session



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KINVER PHYSIOTHERAPY PRACTICE

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to 1 standard therapy session

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