

## Patient Testimonial Outreach Email Template

**Subject:** Share Your NeuroStar Voice



Hi <Patient Name>,

Congratulations on completing your NeuroStar TMS treatment. Being able to support you through your journey has been a pleasure. Would you be willing to let other people know about your experience with our team and NeuroStar TMS? We find that sharing personal stories through our website and social media channels encourages others to seek help and opens conversations about the importance of mental health.

We'd be grateful if you were to submit your NeuroStar testimonial by filling out the form attached. Once you've answered the questions, please send the form back to <practice email> and a representative from our practice will contact you with additional information.

If you'd like to reach even more people with your story, click [HERE](#) to share your testimonial directly with NeuroStar.

We look forward to reading your comments about your NeuroStar TMS journey!

Best,  
<Name>  
<Title>

The NeuroStar Advanced Therapy System is indicated for the treatment of depressive episodes and for decreasing anxiety symptoms for those who may exhibit comorbid anxiety symptoms in adult patients suffering from Major Depressive Disorder (MDD) and who failed to achieve satisfactory improvement from previous antidepressant medication treatment in the current episode.

The NeuroStar Advanced Therapy system is intended to be used as an adjunct for the treatment of adult patients suffering from Obsessive-Compulsive Disorder (OCD).

NeuroStar Advanced Therapy is only available by prescription. A doctor can help decide if NeuroStar Advanced Therapy is right for you. Patients' results may vary.