



Please Submit this form to
Support@theinsides.co
upon completion.

Chyme Reinfusion Patient Testimonial Template

What name would you like us to display on the webpage?

Age

Describe your surgical history that led to your stoma or fistula being formed

How did your clinical team describe chyme reinfusion therapy to you and what helped you understand?

Describe your first week using The Insides System?

Describe your first month using The Insides System

How long did you use The Insides System in total?

Reversal Surgery and post-operative period

What would you tell a patient who is about to start using The Insides System?

Consent

Please confirm your consent for your testimonial and any images to be uploaded onto the Patient’s page on The Insides Company website and future marketing of chyme reinfusion therapy to patients and clinicians

- ☐ I Consent
- ☐ I Do Not Consent

Name

First Name Last Name