



GIFT CERTIFICATE :

This gift certificate entitles DR. LEDER'S FORMER PATIENT:

Name: _____

Date: _____

to a discount off the price of their first return visit

Robin Ellen Leder, M.D.

(A minimum of three years must have passed since last visit)

A Better Alternative Medical Center

Valued at \$ _____

Integrative/Nutritional Medicine
235 Prospect Avenue, Suite LB
Hackensack, NJ 07601
(201) 525-1155

This certificate is redeemable at the named location only, Valid where prohibited by law.



GIFT CERTIFICATE :

This gift certificate entitles A FRIEND OR FAMILY MEMBER OF DR. LEDER'S FORMER PATIENT:

Name: _____

Date: _____

to a discount off the price of their first return visit

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