

Patient Testimonial Release Form

Date 10/25/18

Testimonial Statement:

Dr. Bisseck has changed my life. My decision to have the blephroplasty has changed my self esteem. I love the way I look and its amazing that I can see. Thanks to Dr. Bisseck and his great AMAZING staff. You have changed everything.

Authorization and Release of Testimonial Information

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of Statesboro Plastic Surgery (hereinafter called "The Practice") may be used in connection with publicizing and promoting The Practice. I authorize The Practice to use my name, brief biographical information, and the Testimonial as defined on this form.

I hereby irrevocably authorize The Practice to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing The Practice's services or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against The Practice for the use of the statement.