

Patient Testimonial Release Form

Date 8/10/18

Testimonial Statement:

My experience with Dr. Bisseck and his staff was excellent. Dr. Bisseck listened to all of my concerns, always answered my questions, and never tried to influence my decision. He delivered on the results I wanted. I always felt comfortable and well cared for. It was an amazing experience.

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.