



Hello and Good Day,

You've been a patient at The Vein Center and you've seen first-hand how effective vein treatment can be! I hope your experience with your EVLT procedure and our staff was a positive one.

We are currently in the process of updating our website and constructing a patient testimonial booklet. If you would not mind, please write a paragraph or two about your EVLT experience with us. With your approval we would like to be able to use your feedback for potential patients and on our website. Your last name will **not** be disclosed for your privacy.

Please fill out the short questionnaire below. Your testimonial could help improve the lives of others by showing how your vein treatment has positively impacted your life.

Please sign the enclosed consent statement and with your testimony.

Thank you for your time in advance and we look forward to seeing you on your scheduled follow up.

Sincerely,

James M. Jimenez, M.D.

## Patient Testimonial Form

*What do you feel is the best thing about the EVLT procedure?*

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*How has the procedure helped you and are you pleased with your results? If so, what specifically?*

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*What quote would you use to best describe your experience with EVLT?*

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*How would you describe your experience with the Doctor and the Staff?*

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*Would you recommend Dr. Jimenez to a friend or a family member? Why?*

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*How would you best describe your overall experience in having your veins treated?*

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*What can we improve upon at the Vein Center from a patient's perspective?*

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*Could we use you as a reference for other patients having the procedure done?*

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*Any other comments?*

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## **Authorization and Release Information**

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of The Vein Center of Florida & South Baldwin (hereinafter called "The Practice") may be used in connection with publicizing and promoting The Practice. I authorize The Practice to use my name (excluding last name in full), 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 programs 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.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release The Practice from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read the authorization and release information and give my consent for the use as indicated above.

Electronic Signature:

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Date:

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