
Testimonial form

Description and definition of testimonial form: *This form describes our policy for patients testimonial use in the internet and marketing.*

Date:

Check if provide copy of statement

Testimonial statement:

I _____, irrevocably authorize grant permission to the S-corporation RejuVenus Aesthetics PA to copy, exhibit, publish or distribute the statement above for the purposes of publicizing RejuVenus Aesthetics services and or for any other lawful purpose. These statements may be use in print publications, websites or multimedia presentations .

In addition, I agree will make no monetary or other claim against RejuVenus Aesthetics for the use of this statement. I agree to use these statements, without compensation to me, for the following specific purposes. Please initial in the boxes marked Yes or No for each item.

Yes	No	Marketing Medium
		Television
		Websites for prospective patients
		Magazines, newspaper or any print advertisement
		Photo album
		Seminars for prospective patients
		Articles

I understand that:

1. I may refuse to sign this authorization without such refusal affecting my treatment and physician patient relationship with Dr Cortes or any member of his team.
2. The information disclosed under this authorization is protected by HIPAA (Health Insurance Portability and Accountability Act)
3. The following are the websites he statement might be published:
 1. www.rejuvenusaesthetics.com
 2. www.bestbreastsandbutts.com
 3. www.espanol.rejuvenusaesthetics.com
 4. www.espanol.bestbreastsandbutts.com
4. I have the right to revoke this sign authorization in writing at any time.

I hereby hold harmless and release *RejuVenus Aesthetics PA (Dr Wilberto Cortes)* from all claims, demands and cause of action that arise which I , my heirs, representatives, executors, administrators or any other person acting in my behalf of my estate have or may have by reason of this authorization.

Printed name

Date

Signature

Witness