

Patient Testimonial Form

Thank you for taking the time to tell us about your experience with The Surgical Clinic of Central Arkansas/Arkansas Bariatric Surgery. As you know, part of our mission is ongoing patient and community education and as part of that process we would like to share your story with others. Please take a few minutes to answer the questions below and tell us how your surgery helped you to have a better life.

Medical Problems:

Health Problems Before Surgery	Did you take medications for this?	How many medications for this?	Problem gone? Yes/No	Problem better? Yes/No	How many medications now?	Notes

Activity Level:

Please tell us what your activity level was like **before** your surgery. We would like to know which of the following activities you could participate in and for how long.

	walking	biking	jog/run	swimming	exercise/workouts	shopping	sports	family activities	other
how long									
how far									
how often									

What can you do now that you could not do before, and for how long? Please be specific. (i.e. Can you walk through the mall without stopping to rest every few minutes?)

Patient Testimonial Release Consent

Purpose of Consent: By signing this form, you are consenting to allow Arkansas Bariatric Surgery, a division of The Surgical Clinic of Central Arkansas, use and disclosure of the information in your testimonial and acknowledgement that the testimonial may be distributed to the public.

Authorization to Release Information

I understand my testimonial made on behalf of Arkansas Bariatric Surgery ("ABS") a division of The Surgical Clinic of Central Arkansas ("SCCA") may be used in connection with publicizing and promoting ABS and/or SCCA. I authorize ABS and/or SCCA, its agents or employees (or news media personnel), to use all or part of my testimonial, to photograph, film (i.e., motion pictures), videotape, produce other illustrative material and/or make audio recordings of me, provided that such photographs, film, motion pictures, videotape, audio recordings or other illustrative material be used only for education or informational purposes, which, in the judgment of ABS and/or SCCA, may help to further the goals of ABS and/or SCCA. These purposes may involve print, seminars, broadcast and web-based media.

I hereby irrevocably authorize ABS and/or SCCA to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing the company'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 ABS or SCCA for the use of the testimonial information, my statements, image or likeness.

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 ABS and SCCA 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.

By signing below I certify that I am of legal age and freely sign this release, which I have read and understood.

signature

date

printed name