

**CONSENT AND RELEASE FOR USE OF
PATIENT TESTIMONIALS**

For good and valuable consideration, the receipt of which is hereby acknowledged, I, the undersigned Patient, hereby consent and agree to allow Elie Sader, MD, PLLC (the “Practice”) the right to utilize any personal testimonials that I may write, including, but not limited to, any reviews directly on the Practice’s website, Facebook page or LinkedIn page and any third-party websites such as Google, Yelp, etc., as well as any social media platforms, including X, Threads, Zocdoc, Healthgrades, Instagram, etc., regarding my treatment at the Practice’s office. The testimonial may be conveyed or displayed in print, on the internet and any other forms of media.

I further consent and agree to waive any right to royalties or other compensation arising or relating to the use of my testimonial.

I hereby hold harmless and forever release, waive and discharge the Practice and its office staff, from any and all claims, demands, and causes of actions 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.

There have been no representations or inducements concerning this consent, except as set forth herein. I am at least eighteen (18) years of age and am of sound mind and body. I have read this consent and release and fully understand the contents, meaning, and impact.

Patient’s Signature

Date

Patient’s Printed Name