



# VALLEY PAIN SPECIALISTS, PC

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08/13/15

I, Thomas Lawlor agree to provide a patient testimonial to Valley Pain Specialists, PC (hereinafter "VPS"). I hereby consent permission to VPS to publish such testimonials in a local newspaper or magazine or other marketing media. In accordance with this consent, I hereby waive any rights, to me and my agents thereof, any compensation or royalty payments as a result of said "testimonial". I agree that the services I'm providing to VPS are voluntary and that I may decline involvement prior to the actual publication of any such testimonial.

I also understand that my personal health information will remain protected as required by Health Insurance Portability and Accountability Act (HIPPA) and only information provided by said testimonial will be used for marketing purposes. I understand that by signing below I am authorizing release of said information in accordance with HIPPA regulations.

**Testamonial:**

OVER THE PAST 10 YEARS I HAVE  
BEEN WITH THIS DR. HE IS A MIRACAL  
WORKER. I WILL RECOMMEND THE DR  
TO ANY PERSON THAT NEED PAIN MANAGMENT  
THERE HAVE BEEN OTHER HE IS THE BEST

- I agree to using my entire name and age
- I agree to using my first name and age

Signature

Date

THOMAS F. LAWLOR 8-27-2015

Printed name

Date