



VALLEY PAIN SPECIALISTS. PC

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09/20/13

I, David Knecht 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.

Testamomial:

I have been through countless procedures in order to relieve the pain in my lower back w/ No success until Dr. Mortazavi performed his injection procedure. I'm not totally w/out pain, but it is much better. Combination of injections w/ tremendous pain pills I'm able to live more of a normal life

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


Signature _____ Date 11/2/13

Printed name _____

Date _____