



Patient Testimonial

(Please complete and return to RST-SANEXAS)

Thank you for providing your personal testimonial regarding the treatment you received from your doctor, clinic, or hospital that used our neoGEN® system to help assist in managing your symptoms / medical care.

We like to share your thoughts, comments, videos, photos, etc. with others as a way for them to feel encouraged; and to help us with research to expand on the uses and benefits of the system. For RST-SANEXAS to post your testimonial on our website, social media, or use it on any other marketing platforms (e.g., print, TV, radio), the **HIPAA Privacy Law** requires that you provide us with your written authorization giving us permission to share your testimonial. We will only use your first name or first and last initials. Please indicate how you want your posting to appear below. If you want us to remove your posting/s, please send us a written request.

Testimonial:

Please post my testimonial with my **first name** _____ **OR** with my **first and last initials** _____ , _____

I would rate my experience with the neoGEN® system _____ out of 5 stars.

By signing this release, I, _____, authorize RST-SANEXAS and their staff to use the attached written testimonial, photograph, and / video image in full or part to be used, copied, and circulated by means of different print and electronic media, such as television commercials, radio, printed material, or on the company's website or social media platforms.

Printed Name: _____ **Signature:** _____

Date: _____ **Email:** _____ **Phone:** _____