Age Defying Surgical Center
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www.GreatHairTransplants.com

Patient Testimonial Release

Patient satisfaction is an extremely important part of Dr. Bolton's hair transplant procedure. In an effort to serve each and every patient to our utmost ability, we would like to know how you feel about your experience with us. This information is an important part of our practice management and Dr. Bolton would greatly appreciate your comments. We would also like to share your positive results as part of our promotional campaign to let others know about Dr. Bolton. If you do not want us to use your results in our marketing material such as our web site or brochures please specify that below by checking the appropriate box.

◯ I do NOT give Age Defying Surgical Center permission to use my comments, photos or videos in marketing materials or online.

◯ I do give Age Defying Surgical Center permission to use the following in marketing materials or online:

- ☐ use my first name and last initial only. OR ☐ use my first and last name.
- ☐ use my comments.
- ☐ use my photographs. OR ☐ use my photographs but hide my identity by covering my eyes.
- ☐ use my video testimonial.

Electronic Signature: _____ **Date:** _____

How old were you when you first noticed your hair loss?

How did your hair loss affect you?

What did your hair loss inhibit you from doing?

Why did you decide to have the procedure?

How was the day of your procedure?

Did anyone notice?

When you got your hair back, how did your life change?

Did you tell anyone?

Was the investment worth it?

Would you recommend Dr. Bolton to others? Please explain.

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