

**NON-SOLICITATION STATEMENT**

I, \_\_\_\_\_, hereby affirm that I was not solicited by **Long Island Orthotics and Prosthetics**, or any employee, officer, owner or agent thereof. I further certify that no other individual or entity that is in anyway, either directly or indirectly, associated with **Long Island Orthotics and Prosthetics**., solicited me to become a client/patient of **Long Island Orthotics and Prosthetics**. I initiated my relationship with **Long Island Orthotics and Prosthetics**. By contacting it and inquiring about becoming a client/patient, and did in fact become a client/patient of my own will and volition.

I affirm that I have signed this form freely and voluntarily.

<b>Patient's Signature</b>	Print Patient's Name	Date
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\* If subject is a minor, this form must be signed by the subject's parent or guardian.

**E-MAIL ALERT**

If you would like to receive office announcements, our newsletter or notification of upcoming studies offering payment to patients, please print your name below and we will be happy to put you on our contact list. All information will be kept confidential and only be used within this office for the purposes as specified below.

Thank you.

Name	E-mail address
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Yes, please send me information on the following topics:

**General Office Announcements**   
  **Newsletter**   
  **Patient Paid Research Studies**

**PHOTO RELEASE**

I, the undersigned, hereby grant permission to **Long Island Orthotics & Prosthetics** and/or its authorized representatives to have photographs or videos of \_\_\_\_\_ taken for and release from any legal responsibility or liability thereof.

<input type="checkbox"/> <b>Patient Chart</b> <input type="checkbox"/> Lecture and presentation <input type="checkbox"/> Internet	<input type="checkbox"/> News media for publication <input type="checkbox"/> Journal publication <input type="checkbox"/> <i>All of the above</i>	<input type="checkbox"/> Patient Paid Research Studies <input type="checkbox"/> Advertising <input type="checkbox"/> <i>None of the above</i>
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