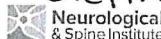


**Dr. Davis L. Reames**  
**Neurological & Spine Institute**  
**4 E Jackson Blvd Savannah, GA 31405**

Patient Name: Rebecca Middlebrooks  
Surgery Date: 8-11-16 Type of Surgery: Lumbar fusion

Dr. Reames is an excellent surgeon and truly cares about his patient's well-being. He listened very carefully to my history and complaints about my back pain. He also was very concerned about controlling my pain after surgery. The staff are excellent and I got an appointment quickly, with surgery scheduled soon after. The staff have been helpful and quick to respond to any questions I had. I am very glad I came to Dr. Reames for my surgery. Dr. Reames took a much better approach for my surgery than <sup>what</sup> another surgeon wanted to do at another hospital. Dr. Reames procedure was much less invasive and had a much shorter recovery time for me. Dr. Reames is definitely the right choice!



**Dr. Davis L. Reames**  
**Neurological & Spine Institute**  
**4 E Jackson Blvd Savannah, GA 31405**

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**Authorization and Release Information**

I understand my testimonial as outlined above or in the video recorded of me (the "Testimonial") and made on behalf of Dr. Davis Reames at Neurological & Spine Institute, may be used in connection with publicizing and promoting Davis L. Reames, MD. I authorize Davis L. Reames, MD to use my name, brief biographical information, and the Testimonial as defined on this form or by me in this video.

I hereby irrevocably authorize Dr. Davis Reames to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing Dr. Davis Reames programs/services or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against The Business for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy or edited video wherein my likeness or my testimonial appears.

I hereby hold harmless and release The Business from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: Gloria Rebecca Middlebrooks

**I have read the authorization and release information and give my consent for the use as indicated above.**

Printed Name: Gloria Rebecca Middlebrooks  
Signature: Gloria Rebecca Middlebrooks  
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Telephone: 478-957-6506  
Date: 5-24-17

