

CONSENT FORM

1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* against my current/former employer, Prime Diagnostic Imaging Corp. to secure any relief that may be awarded, including overtime pay, liquidated damages, attorneys' fees, costs and other relief arising out of my employment with Prime Diagnostic Imaging Corp.
2. During the past three (3) years, there were occasions when I worked more than forty (40) hours in a week for Prime Diagnostic Imaging Corp., and I did not receive proper overtime compensation for those hours.
3. I authorize Shulman Kessler LLP to represent me in this case.

Date: _____

Signature

Print Name

None of the Below Information Will be Filed With the Court

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____ E-mail: _____

Mail or Fax to: SHULMAN KESSLER LLP
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Melville, NY 11747
Telephone: (631) 499-9100 Fax: (631) 499-9120
E-mail to: tk@shulmankessler.com **or** mm@shulmankessler.com