

HAPPY PATIENT *testimonial form*

for the patient

By signing below, I, _____, do hereby give _____
(Dentist) the right to use my story and/or photographs, submitted by me, for reproduction in any medium including but not limited to video, broadcast, print and electronic (e.g.: Internet) for purposes of advertising, trade, display, exhibition or editorial use. The undersigned warrants that no other party's consent is required. The undersigned releases my Dentist from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim. The undersigned is an adult and fully authorized to sign this Consent and Release.

signature: _____ date: _____

How did you find your way to our practice? _____

Please describe your experience at our practice: _____

Please describe the change your dentistry has made in your life:

Would you recommend us to loved ones? What would you tell them?

Additional comments:

for the doctor

doctor's name: _____

description of treatment:
