

Consent to Use Name, Testimonial, and Photographs

Would you like your name or initials used with your testimonial? _____

Can Dr. Sudick use either all or a portion of your testimonial for publication including Dr. Sudick's Web Site and communications? ___ Yes ___ No

I, _____ (print name), hereby consent to the use of the following:

- | | |
|--|-----------------|
| 1. My full face photographs. | ___ Yes ___ No |
| 2. My "smile" only photographs. | ___ Yes ___ No |
| 3. My Testimonial for Dr. John Sudick and his Team | ___ Yes ___ No |
| 4. My name, with any of the above three items. | ___ Yes ___ No, |

by John K. Sudick, D.D.S. , a solely owned dental practice, for purposes of dental education, promotion, and advertising in any or all of the following areas:

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|---|----------------|
| 1. Dr. Sudick's dental office (to share with other patients). | ___ Yes ___ No |
| 2. Dr. Sudick's dental office web site. | ___ Yes ___ No |
| 3. Dr. Sudick's dental education lectures and community Power Point presentations. | ___ Yes ___ No |
| 4. Dr. Sudick's external marketing and publications including print and electronic advertising, brochures, and/or audio communications. | ___ Yes ___ No |

The undersigned completely and forever releases any right to present or future compensation in connection with the use of said photographs, testimonials, and/or name and expressly waives the provision of the California Civil Code Section #3344. I waive the right to inspect to approve the finished version(s), including written copy that may be created in connection therewith. I am of legal age to make such decisions. I have read this release form and consent and am fully familiar with its contents.

Print Name	Signature	Date
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Witness: Print Name	Signature
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