You have been selected to participate in a patient testimonial. As a satisfied and enthusiastic patient of Dr. Sudick, you are a great example of the excellent dental care that his team brings to this community. We would like you to share this experience with others so that those in need of dental care may also gain from your experiences. Dr. Sudick appreciates your candid responses and willingness to share your thoughts, words, experiences, and images of your treatment with others.

**Patient Testimonial Form**

Patient Name ___________________________________________________________

Please tell us about your experience: ______________________________________

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How does your experience in our office differ from past experiences with other dental offices? 

________________________________________________________________________

________________________________________________________________________

*Feel free to use the back of this form for more writing space. Thank you, sincerely, for taking time to complete this form!*
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:

___ Yes ___ No

1. My full face photographs.

2. My “smile” only photographs.

3. My Testimonial for Dr. John Sudick and his Team

4. My name, with any of the above three items.

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:

___ Yes ___ No

1. Dr. Sudick’s dental office (to share with other patients).

2. Dr. Sudick’s dental office web site.

3. Dr. Sudick’s dental education lectures and community Power Point presentations.

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 #334. 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

__________________________________
Witness: Print Name

______________________________
Signature