

RELEASE

I hereby give consent to John Chao DDS, the right to use in perpetuity any information of my treatment, including x-rays, photographs, slides, casts, models and video/audio recordings for any purpose, e.g., professional publications, presentations to educational institutions, or public outreach to other dentist or other disseminating information or advertising. This may be done through the Pinhole Surgical Technique.

Patient Signature

Date

Witness

Date