

Robert Barberee DDS

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PATIENT TESTIMONIAL AND MODEL RELEASE

For valuable consideration, receipt of which is hereby acknowledged, I agree as follows:

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- 3. I agree that no advertisement or other material need to be submitted to me for approval and Robert Barberee, D.D.S shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture.
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Signature	Patient Printed Name	
□ NO, I do not agree to release my image, i	ikeness of testimomai	
□ NO, I do not agree to release my image, l	ikeness or testimonial	
☐ YES, I agree to the above		