PHOTO AND TESTIMONIAL RELEASE FORM

I, ___________________, hereby grant permission to Dr.___________________, to use my photograph and any testimonial I give regarding the dental care I receive from any such office, in any marketing, contests, advertising or teaching materials used to market or advertise his/her dental practices, including use on Dr. _______________________'s web site. I acknowledge Dr. _________________________'s right to crop or otherwise treat the photograph at his/her discretion. I also acknowledge that Dr. _______________ may choose not to use my photograph and testimonial at this time, but may do so at his own discretion at a later date. I also understand that once my image is posted on Dr. _________________________'s web site, the image can be downloaded by any computer user, which is beyond the control of Dr. _________________________, and I will hold him/her and any of his affiliated offices harmless from any such use or download.

I hereby freely and voluntarily consent to the use of my photograph and testimonial as stated above until I revoke this consent in writing.

________________________ ____________________________________

Signature Parent/Guardian Signature (If under age of 18)

___________________________ _______________________________________

Printed Name Parent/Guardian Printed Name (If under age of 18)

___________________________ _______________________________________

___________________________ _______________________________________

Address Parent/Guardian Address (If under age of 18)

___________________________ _______________________________________

Date Date

To revoke this consent in writing, please contact:

Dr. Elvira Galperin
Dr. Stanley Sotnikov
10955 Jones Bridge Road Ste # 129
Alpharetta, GA 30022