

Release for Patient and Doctor/Lab Technician

(Must be included with each Clinical Case Report submitted)

PATIENT'S CONSENT TO RELEASE OF MATERIAL

I am a patient of Dr. Mark Allan Padolsky, my dentist. I understand that my dentist is a candidate for Accreditation by the American Academy of Cosmetic Dentistry®, Inc. (the "AACD"). I understand that my dentist will submit photographs, slides and other materials (together referred to as the "material" for use in the AACD Accreditation process that may identify me. I hereby give my consent and permission to my dentist/ lab technician and the AACD, its officers, agents, employees, and affiliates, to use any or all of this material in AACD publications and/or educational programs. I understand that I will receive no compensation for use of the material described in this content. My consent is freely given to the extent permitted under the laws of the state and country in which I live. I hereby release my dentist/lab technician and the AACD, its officers, agents, employees, and affiliates from any and all liability for using the material described in this consent.

PATIENT'S SIGNATURE

Date _____

PRINT PATIENT NAME

DENTIST/LAB TECHNICIAN CONSENT TO RELEASE OF MATERIAL

I am a candidate for Accreditation by the American Academy of Cosmetic Dentistry®, Inc. (the AACD). As a candidate for Accreditation, I am submitting photographs, slides, and other materials (together referred to as the "material") to the AACD as part of the Accreditation process. I hereby represent to the AACD that I have the consent and permission of the patient to use the material. I hereby give my consent and permission to the AACD, its officers, agents, employees and affiliates, to use any or all of this material in AACD publications and/or educational programs. I understand that I will receive no compensation for use of the material described in this content. My consent is freely given to the extent permitted under the laws of the state and country in which I live. I hereby release the AACD, its officers, agents, employees, and affiliates from any and all liability for using the material described in this consent.

DENTIST/LAB TECH SIGNATURE

Date _____

PRINT DENTIST/LAB TECHNICIAN