NOVA DENTAL CARE

N R. Emad D.D.S P.C
Marcus O. Emad D.D.S

307 F MAPLE AVE W
SUITE 100
VIENNA, VA 22180
(703) 938-7615

14018 F SULLYFIELD CIRCLE
LEE JACKSON EXECUTIVE CTR
CHANTILLY, VA 21050
(703) 222-0202

General Media Release Form

1) I, the undersigned, hereby authorize Nova Dental Care to photograph me, take motion pictures of me, take video footage of me, and/or make electric sound recordings of me (herein referred to as photographic or electronic reproductions).
2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Nova Dental Care (I understand that I may be identifiable or work done on me may be identifiable for such photographic or electronic reproduction)

Agreed and Accepted by:

Print Name: _____

Address:_____

_____

Phone: (_____)_____-_____

_____

Signature Date

Parental Consent

I certify that I am the parent or guardian of the individual, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

_____

Signature of Parent/Guardian Date

_____

Address and Phone Number of Parent/Guardian (if different)

_____

Office Manager Printed Name Signature Date