THOMAS F. FRISCIA, D.D.S., F.A.G.D
Fellow in the Academy of General Dentistry
4002 Route 9 South
Morganville, NJ 07751
Telephone: (732) 970-0900 Fax: (732) 970-0913

X-RAY AND PHOTO RELEASE

I, the responsible party listed below, hereby give my permission to allow you to record, take or obtain photographs and x-rays of me relating to any dental or medical circumstances. This consent I have granted is extended for an undefined period of time.

I consent to the use of my photographs and x-rays to improve my treatment.

I consent to the use of my photographs in educational and professional presentations and publications.

I acknowledge that I am over the age of eighteen (18) years old and have read and understand the contents of this release.

____
Name (Print)

____
Name (Signature)

____
Date