

## *Release for Patient and Doctor*

### **PATIENT'S CONSENT TO RELEASE OF MATERIAL**

I am a patient of Dr. David Finley. I understand that Dr. Finley is an Accredited Dentist in 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 and Fellowship process and in other publications which may identify me. I hereby give my consent and permission to Dr. Finley and the AACD, their officers, agents, employees and affiliates, to use any or all of this material in AACD publications, other publications and/or educational programs. I also give Dr. Finley my consent to use the material in scientific publications, educational programs and/or materials and in advertising and marketing materials. I understand that I will receive no compensation for use of the material described in this consent. 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 (Dr. David Finley), the AACD, their officers, agents, employees and affiliates from any and all liability for using the material as described in this consent.

\_\_\_\_\_ date \_\_\_\_\_  
patient's signature

\_\_\_\_\_  
print patient's name

### **DENTIST CONSENT TO RELEASE OF MATERIAL**

I, (Dr. David Finley) am an Accredited Member of the American Academy of Cosmetic Dentistry, Inc. (the 'AACD'). As an Accredited Member, I may submit photographs, slides and other materials (together referred to as the 'material') to the AACD as part of the accreditation and fellowship process and to other publications. 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, it's officers, agents, employees and affiliates, to use and or all of this material in AACD publications and/or educational programs. I understand that I will receive no compensation from the AACD for use of the material described in this consent. My consent is freely given to the extent permitted under the laws of the state and country in which I live. I hereby release AACD, it's officers, agents, employees and affiliates from any and all liability for using the material as described in this consent.

\_\_\_\_\_ Date \_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Print Dentist name