



## Patient-Model Release Form

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\_\_\_\_\_  
Patient-model name (please type or print)

\_\_\_\_\_  
Patient-model signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent or guardian if applicable (please type or print)

\_\_\_\_\_  
Signature of parent or guardian if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' name (please type or print)

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date

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Photographer's name (please type or print)

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Photographer's signature

\_\_\_\_\_  
Date