

Dr. Marlo Griesser, D.D.S
11577 State Highway Six
Sugarland, TX 77478

Signed Release Picture Form

Date: _____

I _____ give Dr. Marlo Griesser
D.D.S. permission to use my photograph for the
purpose of marketing, picture display in the office,
newspaper advertisements, case presentation, and for
“Best Cosmetic Contest” submission if applicable.

Signature of Patient _____

Signature of Witness _____