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SHORT PUMP:
11934 W Broad St, Suite 120
Henrico, VA 23233

Photo Release Form

Date _____

Child's Name _____

Address _____

City/State/Zip _____

Phone _____

I/we hereby give permission for Sparkle Pediatric Dentistry, PLLC to use the name and/or photograph of my child for promotional, news, or public relations purposes in print and/or electronic media.

Signature of parent/guardian _____

Printed name of parent/guardian _____