



Testimonial Release

I _____, hereby authorize **Integrated Dental** and **Freedom Day USA** to use my testimonial as given.

I understand that the testimonial may be used for educational purposes in lectures, demonstrations, advertising (including website, publication, newspapers, magazines, phone books, television), and professional publications (dental magazines and journals).

I do not expect compensation, financial or otherwise, for the use of these testimonials.

Signature

Date

