



Dentistry for the Individual

Patient Testimonial Release Form for Dr. Mark A. Miller and Staff

There is always something exciting and stimulating in working with any patient, and we would like to take this opportunity to assure you that we have done everything possible to correct and improve your dental problems in a manner that was free of discomfort.

To place your health problem in the hands of a doctor and hygienist for care is without a doubt the utmost expression of faith and confidence one has to offer, and for your recent treatment appointments, we are sincerely grateful and appreciative.

Please take a few minutes to provide us with a brief testimonial. Once you have written and signed it, return it to us by (customize – fax/mail) at **505 292-7253**. Email: **info@snowparkdental.net**

Date: _____

Name: _____

Testimonial:

I hereby grant Dr. Mark A. Miller permission to use my name, professional title, city, state, and all or part of the above statement in their business and promotional materials worldwide.

Signature and Date

Printed Name