



I give my permission to Dr. Jason Moffitt and his staff to display a photograph/name(s) of my child(ren) in his office, newsletter or website. My child(ren) covered by this are:

_____	_____
_____	_____
_____	_____
_____	_____

If you would like to receive updates and/or important information from Moffitt Children's Dentistry, please supply us your e-mail address below. This is strictly for our use and will not be disclosed to any other person/party. We have found it to be a very effective means of communicating with our families

_____ @ _____
e-mail address

Signed: _____
(Print Name) (Signature)

Date: _____